



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Barber Examiners

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4588 • BoardInfo@llr.sc.gov • Fax: 803-896-4484

llr.sc.gov/bar

***** THIS SECTION DOES NOT INCLUDE THE
ACTUAL APPLICATION *****

The documents contained in this package are the required documents needed to upload to the electronic application. DO NOT complete the attached forms and mail in with the application fee.

You must either complete the online application at <https://eservice.llr.sc.gov/NewAppsV3> (Step 2) or email the Board for the paper application to complete and mail in.

If you are unable to upload the supporting/supplemental documents, you may email them to Boardinfo@llr.sc.gov.



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REQUIREMENTS AND INSTRUCTIONS FOR HAIR BRAIDING REGISTRATION

This package contains the instructions and forms needed to complete your electronic application to register as a hair braider. **DO NOT** complete the attached forms and mail in with a check. The electronic application needs to be completed and electronic payment made to submit the information to the Board office.

To complete your electronic application, visit <https://eservice.llr.sc.gov/NewAppsV3>. Once you submit your electronic application, you will receive a confirmation email from the board. This email may take up to 24 hours. After receiving the email, you may log back into your account via <https://eservice.llr.sc.gov/NewAppsV3> to check your application status or upload additional documentation.

To practice hair braiding in this State an individual shall:

- (1) apply to the board for registration in a manner prescribed by the board;
- (2) provide satisfactory proof of successful completion of a one-day, six-hour board-approved hair braiding course;
- (3) pass an examination administered by the board; and
- (4) pay a twenty-five dollar registration fee.

Upload to your electronic application:

- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of your social security card
- Legal documentation for name change, if applicable
- Completion Certificate from board-approved hair braiding course
- Notarized Signature Affidavit with Passport-Type Photo Form (Attached)
- Notarized Verification of Lawful Presence (Attached)

The Board of Barber Examiners offers the 6-hour video training course or you may take the course from a board approved provider. Once your application has been received and reviewed by the board, you will be emailed a userid and password to access the 6-hour video course (If applicable) and examination.

Your application is valid for one year from the date of receipt. If the application is not completed within the year, you will need to reapply.



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NOTARIZED SIGNATURE AFFIDAVIT

DO NOT MAIL THIS FORM IN WITH A CHECK. UPLOAD TO YOUR ELECTRONIC APPLICATION FOR FASTER PROCESSING.

I, _____, am the person described and identified and the

Print Name

person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my registration to practice hair braiding in South Carolina.

Signature of Applicant

Print Name of Applicant

Subscribed and sworn to before me this ____ day of _____, 20_____.

Notary Signature: _____

Print Name: _____

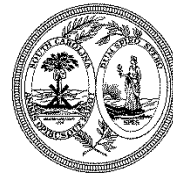
Notary for the State of: _____

My Commission expires: _____

**Tape a recent 2 x 2
Passport-Type Photo
(less than 6 months old)**



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. ☐ I am a United States citizen; or
2. ☐ I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. ☐ I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. ☐ Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)