



South Carolina Board of Cosmetology

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llr.sc.gov/cosmo

COSMETOLOGY BOARD AFFIDAVIT OF COMPLETION

This form must be completed by an authorized school official confirming the student completed the required number of classroom hours needed for licensure. This completed form may be submitted directly to the Board by the school via email to BoardInfo@llr.sc.gov.

STUDENT INFORMATION

Student Name: _____ Last 5 of social security number: _____

Student Signature: _____

Below section should be completed by school instructor or authorized school official.

SCHOOL/INSTITUTION INFORMATION

Name of school/institution (as shown on Board issued license): _____

School License Number: _____

Name/Title of Authorized Agent Completing Form: _____

Training Information

The above name student has completed one of the following (Check all that apply):

Cosmetology: 1,500 hours Nail Tech: 300 hours Esthetician: 450 hours

Cosmetology: 1,540 hours Instructor: 750 hours Esthetician: 600 hours

Date of Completion: _____

Affirmation Statement

I, _____ swear or affirm that I am authorized to report the aforementioned

Authorized School Official

student's information to the SC State Board of Cosmetology on behalf of _____

School/Institution Name

which is licensed to do business in South Carolina. I also swear that the information provided is true and correct to the best of my knowledge.

School Official's Signature: _____ Date: _____

Sworn to and subscribed me this _____ day of _____, 20 _____.

Notary Signature: _____

Print Notary Name: _____

{Seal}

Notary Public for the State of: _____

Commission Expiration Date: _____