



South Carolina Department of Labor, Licensing and Regulation

## South Carolina Board of Cosmetology

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/cosmo

### APPLICATION FOR COSMETOLOGY INSTRUCTOR LICENSURE BY ENDORSEMENT ELECTRONIC APPLICATION REQUIREMENTS AND INSTRUCTIONS

A license to teach cosmetology, esthetics or nail technology may be issued by the board to any person who and:

- A. Is currently licensed and in good standing as an instructor in a state that has a nationally endorsed examination; OR
- B. Is a licensed cosmetologist, esthetician or nail technician who has practiced for, at least, two years, in any other state and submits proof, satisfactory to the Board, of having completed instructor training which is substantially equivalent to the requirements of this state and has passed a nationally endorsed examination for instructors.

1. **Submit with your application, documents and forms may be uploaded at the end of the electronic application:**

- Remit the \$80 application fee at the end of the electronic application to transmit your application and forms to the Board office. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- Upload a copy of your social security card;
- Upload a copy of a valid state issued ID, driver's license, passport or federal issued ID with intact picture;
- Upload the completed and notarized Verification of Lawful Presence (attached);
- Upload the Notarized Signature Affidavit with Passport Type Photo Form (attached);
- Upload a copy of your current license in another state or jurisdiction in this country or territory or dependency of the United States (This **CANNOT** be used to verify your license.);
- Upload a copy of your GED, high school diploma or college transcript;
- **UPLOAD VERIFICATION OF LEGAL NAME:** A license must be issued in the applicant's legal name as verified by a birth certificate or other legal document acceptable to the board. Examples of acceptable documents include a valid passport, vital statistics birth certificate (not hospital birth certificate), marriage certificate, divorce decree or court order approving legal name change.

2. Request a License Verification from the state(s) where you have passed an examination **and** the state where you are **currently** licensed. The verification(s) must be mailed or emailed from the other state board(s) directly to our office. The Board email address is [boardinfo@llr.sc.gov](mailto:boardinfo@llr.sc.gov). Attached is a license verification request form if needed, we will accept a state issued verification form.

Applications are processed in the order they are received.



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**COSMETOLOGY NOTARIZED SIGNATURE AFFIDAVIT  
 AND PASSPORT TYPE PHOTO FORM**

**This form may only be used with the electronic application. Do not mail this in with a check to be processed as an application, it will be returned to you.**

I, \_\_\_\_\_, am the person described and identified and the person named in all documents presented in support of this application. I certify that I have never been convicted of violating any Federal, State, Municipal or other law, statute or ordinance, other than as disclosed as required within this application.

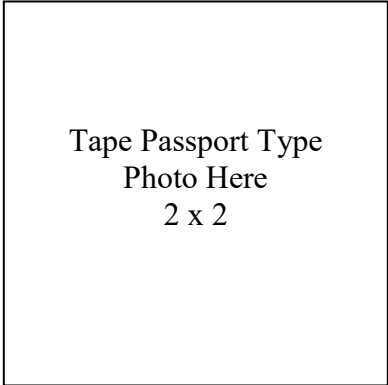
I have carefully read the questions within this application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct to the best of my knowledge and belief.

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

I certify I am the person shown in the photograph below and it has been taken within the last 6 months.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Print Applicant Name



SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

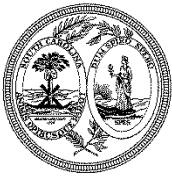
Notary Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Notary Public for the State/Providence of: \_\_\_\_\_

SEAL

My Commission Expires: \_\_\_\_\_



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)



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**COSMETOLOGY LICENSE VERIFICATION FORM**

Complete the top portion of this form and forward to the state(s) where you have passed an examination and the state where you are currently licensed. You may want to contact each state to see if a fee is required. We will accept a state-issued license verification form. The form must contain the state seal and reflect how you were licensed.

Print Name as shown on license: \_\_\_\_\_

Type of License: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_

I am applying for licensure in the State of SC. I hereby authorize the release of my licensure data to the South Carolina Board of Cosmetology.

Applicant's Signature: \_\_\_\_\_

**FOR STATE BOARD TO COMPLETE**

This section to be completed by an official of the state board and returned directly to the South Carolina Board of Cosmetology at the above address. You may send a state issued license verification in lieu of this form.

Full name of licensee: \_\_\_\_\_

License Type: \_\_\_\_\_ License No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

License Status (Active, Inactive, Lapsed, etc.): \_\_\_\_\_

Licensed by: \_\_\_\_\_ Exam \_\_\_\_\_ Endorsement \_\_\_\_\_ Waiver/Equivalency

Name of Cosmetology Program Completed: \_\_\_\_\_

Type of Program: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Did the licensee pass nationally recognized written and practical exams? \_\_\_\_\_ Yes \_\_\_\_\_ No

Scores: RC: \_\_\_\_\_ ES: \_\_\_\_\_ NT: \_\_\_\_\_

Has license been disciplined, suspended, revoked, or restricted? If yes, attach detailed information. **Yes No**

Comments, if any: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Board Seal*

Title: \_\_\_\_\_

Board: \_\_\_\_\_