

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 LICENSURE BY ENDORSEMENT

# 1. Submit with your application:

- Include a check or money order in the amount of \$60 made payable to the SC Board of Cosmetology. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- a recent 2"x 2" full faced passport-type color or black and white photo;
- a copy of your social security card; •
- a copy of a valid state issued ID, driver's license, passport or federal issued ID with intact picture; •
- the completed and notarized Verification of Lawful Presence (attached); •
- 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.);
- 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. South Carolina does not have a reciprocal agreement with any state. South Carolina is a member of the National-Interstate Council of State Boards of Cosmetology (NIC). Proof of successful passage of the NIC exam (theory and practical) is required.

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. Attached is a license verification request form if needed, we will accept a state issued verification form.

- The verification must include the State seal and it must reflect how you were licensed.
- If the verification reflects that you have NOT passed the NIC examination, staff will send you information on how to apply for the NIC exam through South Carolina.

# Select the type of license you are applying for (fees are non-refundable): Esthetician

Nail Technician

# **APPLICANT INFORMATION**

Full Legal Name:			
Have you ever legally changed your name?			
Home Address:	City:	_State:	Zip:
Mailing Address:(If different than above)	City:	_State:	Zip:
Phone:	Social Security No.:		
Date of Birth: Email Address (Required):			
Race: Gender:	□ Female □ Male		

## Applicant Name: \_\_\_\_\_

# **EDUCATION/ EXAM INFORMATION**

Cos	metology Education program fr	om which you graduate	d:		
Dat	e of Graduation:		_		
Тур	e of Cosmetology Program:	Cosmetology	Esthetician	Nail Techn	ician
Wh	at type of exam have you passed	l (theory and practical)?	National	State	None
1.	OR SC & OUT OF STATE L What state were you originally Have you previously been licen If yes, Name on license:	licensed?	ssion you are applyir		5 NO
	Prior license number:				
3.	List all states where you are or	have been licensed as a	cosmetologist, esthe	etician, and/or	nail tech.
	State: License Type:	Status (lapsed	, disciplined, active,	etc.):	
	State: License Type:	Status (lapsed	, disciplined, active,	etc.):	
	State: License Type:	Status (lapsed	, disciplined, active,	etc.):	
4.	Have you ever practiced under Surname/Alias:	· -		YE	S NO
	Surname/Alias:				
	Surname/Alias:				

# PERSONAL HISTORY QUESTIONS

If you answer YES to any of the below questions, you must include a written explanation pertaining to the particular question.

1.	1. To your knowledge, are there any pending complaints filed against your current license?		NO

2. Have you ever been convicted of or pled guilty or nolo contendere to any felony, a crime of moral turpitude or of a crime involving drugs? YES NO

If yes, have a statewide background check from the state in which the conviction occurred mailed directly from the state law enforcement agency to the SC Board of Cosmetology. Attach a certified copy of the court records regarding your conviction, the nature of the offense, and date of discharge. If applicable, have a statement from the probation or parole officer sent directly to the Board.

# ATTESTATION

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.

Applicant's Signature:	Date:	
Sworn to and subscribed me this day of	, 20	
Notary Signature: Print Notary Name:		Full Face
Notary Public for the State of: Commission Expiration Date:		Tape a recent 2 x 2      Passport- type Photo
{Seal}		(Less than 6 months old)

#### **Privacy Act Disclosure:**

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



## 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(Print clearly First, Middle, and Last name)	, 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 State	es eighteen years of age or older; or		
3. I am a Qualified Alien or non-immigrant under the Fe 82-414, eighteen years of age or older, and lawfully p			
4. Other:Please submit any c	locumentation that supports this status.		
Date of Birth:			
Alien Number: I-9	4 Number:		
(If you checked number 2, 3, or 4 you must attach a 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:		
· · <u> </u>		
Rev: 02-02-2015		

### 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:
 \_\_\_\_\_\_

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	l practical exams? Yes No	
Scores: RC:ES:	NT:		
Has license been disciplined, su	spended, revoked, or re	estricted? If yes, attach detailed information. Yes No	
Comments, if any:			
Date:		Signature:	
		Print Name:	
Board Seal		Title:	
		Board:	