



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

Cosmetology, Esthetician or Nail Technician Endorsement Application Instructions

Please remember to fill out the electronic application AND pay your fee online before submitting the below forms. Do not mail these forms in with a check.

Print this packet off, you will need the attached documents to be completed to upload to your application.

1. Submit with your application:

- Remit the \$60 non-refundable application fee online in order to transmit your electronic application.
- Upload a copy of a valid state issued ID, driver's license, passport or federal issued ID with intact picture;
- Upload a copy of social security card.
- Upload the Notarized Signature Affidavit with Passport type photo.
- Upload the completed and notarized Verification of Lawful Presence, 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.
- **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 (Boardinfo@llr.sc.gov) 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.

PRINT THIS PACKAGE OFF THEN APPLY ONLINE: <https://eservice.llr.sc.gov/NewAppsV3>

If you have questions regarding the application process, please contact the Board of Cosmetology at boardinfo@llr.sc.gov.

Applications are processed in the order received. To check your application status, visit: <https://eservice.llr.sc.gov/SSO/ApplicationStatus/Index>.

You have one year from the date of receipt to complete the requirements of licensure. After one year, you will need to start the application process over including remitting a new fee and supporting documentation.



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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.

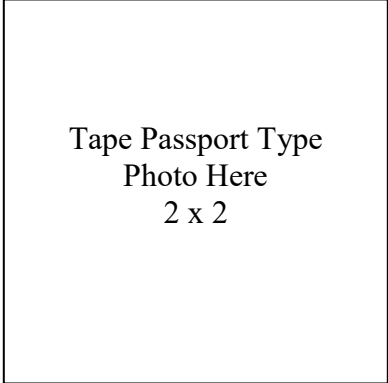
I have carefully read the questions within this application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct to the best of my knowledge and belief.

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__

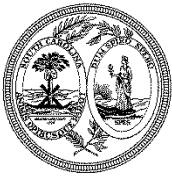
Notary Signature _____

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: _____