



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

**PERSONAL NAME AND/OR ADDRESS CHANGE FORM
DUPLICATE LICENSE REQUEST FORM**

Fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.

Submit this form by logging into <https://eservice.llr.sc.gov/documentsubmission/>.

Select all that apply:

Personal Name Change Request: \$10 fee (includes new printed license) and legal court documentation are required. (marriage certificate, divorce decree, etc.)

Home Address Change Request: No fee is required. You may change your address, phone number and/or email address online at <http://eservice.llr.sc.gov/ChangeOfAdd/>.

Duplicate License Request: \$10 fee.

When requesting a duplicate license, licensees must provide updated contact information, a copy of their government-issued photo ID and an updated 2x2 passport style photo (wallet size and selfies are unacceptable). Duplicate license requests CANNOT be issued until all this information is received by the Board.

Reason for request (required): _____

LICENSEE INFORMATION:

This section is required for all requests.

Name (as shown on current license/registration) _____

License Type: _____ License Number: _____

Last 5-digits of SSN or Fed ID: _____ Date of Birth: _____

ADDRESS CHANGE: Home Address Mailing Address

Former Home Address (Physical): _____

New Home Address (Physical): _____

Former Mailing Address (if applicable) _____

New Mailing Address (if applicable) _____

Phone: _____ Email Address: _____

NAME CHANGE:

A license will only be issued in a licensee's legal name as shown on legal documentation.

New Legal Name: _____

Signature of Licensee: _____ **Date:** _____