

SOUTH DAKOTA COSMETOLOGY COMMISSION
500 E Capitol Ave, Pierre, SD 57501
INSTRUCTOR LICENSE APPLICATION

Mail this completed application and a \$25 license fee (non-refundable) to the above address.

Applying for (check one): Junior Instructor License Senior Instructor License
Have you had an instructor license in South Dakota before? YES NO

Please print all information

1. PERSONAL INFORMATION.

Name: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

SD (cosmetologist, esthetician, or nail technician) License number: _____

Social Security Number: _____ Birth Date: _____

2. SALON EXPERIENCE REQUIREMENT (needs to be at least 1,000 clock hours for either junior or senior)

Name of Salon: _____

Salon Owner Name: _____ Telephone number: _____

Beginning Date of Employment: _____ Ending date: _____

Total number of clock hours work experience: _____

3. 12-CLOCK HOURS COURSE needed for a Junior License (attach copy of certificate)

Name of course: _____

Company providing the course: _____

Date completed: _____

4. SOUTH DAKOTA INSTRUCTOR STATE LAWS/RULES TEST (must complete for either junior or senior)

Upon receipt of your Instructor application, the Cosmetology Commission will contact you to set up a date/time/location for you to take the Instructor State Laws/Rules Test.

5. INSTRUCTOR EDUCATION PROGRAM (if newly enrolled, attach letter from a school. If from another state, attach a copy of instructor license and information on instructor education)

Name of School: _____

School Owner or Administrator Name: _____

City/State: _____

Program Start Date: _____ Program Completed Date: _____

If applying for a Junior license, list the Senior instructor in charge: _____

COMPLETE THE REVERSE SIDE BEFORE SUBMITTING

