SOUTH DAKOTA STATE BOARD OF COSMETOLOGY
APPRENTICE APPLICATION

Please print or type

Name:_____

Address, City, State, Zip:_____

Date of Birth:_____ Social Security Number: _____

Education: _____ Date: _____
(Name and City of High School or GED) (graduation or completion date)

Type of apprenticeship training (check one): COSMETOLOGY ☐ NAIL TECHNOLOGY ☐

Suggested Start Date of apprenticeship (tentative): _____

Name of Senior Instructor(s): _____

Name and address of Salon: _____

_____City: _____ telephone: _____

I realize that any beauty school training will not be credited toward an apprenticeship. If I am granted an apprentice license, I agree to take continuous training over a period of at least 18 months or 6 months as applicable. I also agree to abide by all of the provisions of the Cosmetology Law.

_____
(Signature of Applicant)

Subscribed and sworn to before me this _____day of_____20____

(SEAL)

_____
Notary Public Signature

****

NOTE: The following must accompany this application: $25.00 money order for license
Proof of High School education or GED equivalent
Copy of birth certificate
Photograph (current) of apprentice

No apprentice license will be issued until these requirements are met. Mail to Cosmetology Commission, 500 E. Capital, Pierre, SD 57501.

Office use only:	Apprentice License Number: _____ Start date: _____

SOUTH DAKOTA BOARD OF COSMETOLOGY
AFFIDAVIT FOR INSTRUCTOR OF APPRENTICE

I, _____, a licensed Manager-Operator and licensed Active Senior
(print)

Instructor in the State of South Dakota, agree to instruct_____ as an
(print apprentice name)

apprentice in both the theory and practical work in the art of **cosmetology** or **nail technology**. I further agree to
(circle one)

abide by the provisions of the Cosmetology Law as it relates to the training of an apprentice in a salon.

_____
(Signature of Instructor)

Subscribed and sworn to before me this _____day of_____20____

(SEAL) _____
Notary Public

Return to: Cosmetology Commission, 500 E. Capitol, Pierre, South Dakota 57501

** each instructor must sign this statement.

SOUTH DAKOTA COSMETOLOGY COMMISSION
APPRENTICE-SALON APPLICATION

ALL APPLICABLE INFORMATION MUST BE COMPLETED BY THE OWNER BEFORE A LICENSE IS ISSUED. PRINT OR TYPE - SUBMIT FEE AND APPLICATION TOGETHER. Fees are non-refundable.

1. License Type and Fees. I am applying for: Apprentice-salon license …… $250 ☐

2. Salon name:_____

3. Salon physical address: _____|_____|_____
Street City Zip

4. Salon telephone number: _____ YOUR home telephone number: _____

5. Your (OWNER) name: _____ License number: ___M-_____

6. Name of Salon Manager in charge: _____ License number: ___M-_____

7. Services offered: (check those that apply) Hair design ☐ Esthetics (Skin) ☐ Nail Technology ☐

8. Tentative Start Date of Apprenticeship _____

9. Circle the days YOU are OPEN: M TU W TH F SA SU

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I understand that if a license is issued to me it cannot be transferred to another party or location. I understand that this license is valid until the set completion date of the apprenticeship. I understand that if the apprenticeship is not completed on the set completion date, this license will have to be renewed at the $250 renewal fee. I further certify that the salon complies with the rules of the commission, all local zones and ordinances, health safety and sanitary rules, and the rules of any state agency including the Department of Revenue Sales Tax Division.

10. Signature of Owner(s)_____ Date: _____

11. Social Security Number(s): _____ Federal ID number if Corporation:_____

Office Use Only: Permit license number _____ Date processed: _____
Inspector _____ Date expired: _____