

**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: _____
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**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.

