

**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: \_\_\_\_\_

Have you ever been convicted of, plead guilty or nolo contendere to a felony or any state or federal crime relating to narcotic drugs? \_\_\_Yes \_\_\_No. If answered "yes" explain on a separate sheet giving date, place and full particulars and attach as part of this application.

**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 or the full Instructor State Board Examinations, if required.

**5. INSTRUCTOR EDUCATION PROGRAM** (if newly enrolled, attach letter from a school. If from another state, attach a copy of instructor license and request a certification of instructor license from previous state.)

Name of School: \_\_\_\_\_

School Owner or Director: \_\_\_\_\_

City/State: \_\_\_\_\_

If applying for a Junior Instructor license, list the Senior Instructor in charge: \_\_\_\_\_

**6. STATEMENT**

*I hereby make application for an instructor license to teach in a South Dakota cosmetology school. 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 if, in all things, true and correct.*

*If granted an instructor license, I promise to abide by all the laws of the state of South Dakota governing instructors and cosmetology in South Dakota. If I am granted a junior instructor license, I understand that if I discontinue the junior instructor education program, I will immediately contact the Commission office.*

Signature of Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

**7. ATTACHMENTS**

Make sure you have attached the following, if necessary:

1. \$25 fee (personal check or money order)
2. Documentation showing completion of 12 clock hour course
3. If work credit is from more than one salon, attach the information.
4. Letter from school if enrolled in an instructor education program
5. Certification of instructor license from out-of-state board (Certification from the state where you were previously licensed as an instructor must be sent directly to our office from the other state.)