

**BOARD OF BARBER EXAMINERS**

217 West Missouri Avenue, Pierre SD 57501

Tel: 605.773.6193 barber@state.sd.us

**APPLICATION FOR EXAMINATION IN SOUTH DAKOTA**

**PRINT CLEARLY.**

**All areas must be completed. Enclose check or money order for \$150. Fees are Non-refundable.  
\$100 Application/Exam Fee + \$50 First License Fee = \$150**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email Address (if you have one): \_\_\_\_\_

Do you need reasonable testing accommodations due to a disability? Yes No

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.

**EDUCATION INFORMATION:**

School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Total Clock Hours of Education: \_\_\_\_\_

I authorize the Board of Barber Examiners to release the results of my State Board Examinations to the above-named school: Yes No

I hereby make application for the state board examinations to be conducted by the South Dakota Board of Barber Examiners. I declare and affirm under the penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief is, in all things, true and correct. I promise to abide by all the laws of the state of South Dakota governing these practices.

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