

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA COSMETOLOGY COMMISSION

500 E Capitol Ave, Pierre, SD 57501
Tel: 605.773.6193 Fax: 605.773.7175 cosmetology.sd.gov

AFFIDAVIT FOR INSTRUCTOR OF APPRENTICE

I, _____, a licensed Cosmetologist or Nail Technician
PRINT INSTRUCTOR NAME

and licensed Instructor in the State of South Dakota, agree to instruct _____
PRINT APPRENTICE NAME

as an apprentice in both the theory and practical work in the art of cosmetology or nail technology.

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

SIGNATURE OF INSTRUCTOR

SIGNATURE OF INSTRUCTOR

Subscribed and sworn to before me this _____ day of _____ 20____

(SEAL)

NOTARY PUBLIC SIGNATURE

Return to: Cosmetology Commission at address shown at top of page

** each instructor must sign this statement.

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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 Phone Number: _____ Personal Phone Number: _____

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

6. Salon Manager In Charge: _____ License number: _____

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): _____

or Federal ID Number if Corporation: _____

Office Use Only: Apprentice Salon License Number _____

Date processed: _____

Inspector _____