

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA COSMETOLOGY COMMISSION

217 W. Missouri, Pierre, SD 57501
Tel: 605.773.6193 Fax: 605.773.7175 cosmetology.sd.gov

APPRENTICESHIP APPLICATION

Please print or type:

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Social Security Number: _____ Email Address: _____

Education: _____ Date: _____
Name of High School or GED

Type of apprenticeship training (check one):

COSMETOLOGY (1,500 hours)

ESTHETICS (600 hours)

NAIL TECHNOLOGY (400 hours)

Suggested Start Date of Apprenticeship (tentative): _____

Name of Instructor(s): _____

Salon Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

I understand that any cosmetology school training will not be credited towards my apprenticeship. If I am granted an apprentice license, I agree to take continuous training as applicable, receiving no less than 40 hours per week. I also agree to abide by all of the provisions of the Cosmetology Laws and Rules.

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 Apprentice application fee (*non-refundable*)
- Copy of driver's license or state-issued ID (showing date of birth and clear photo of apprentice), **OR**
 - Copy of birth certificate and current photograph of apprentice

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

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AFFIDAVIT FOR INSTRUCTOR OF APPRENTICE

I, _____, a licensed Cosmetologist Nail Technician Esthetician
(print or type Instructor Name)

and licensed Instructor in the State of South Dakota, agree to instruct _____
(print or type Apprentice Name)

as an apprentice in both the theory and practical work in the art of
COSMETOLOGY (1,500 hours) ESTHETICS (600 hours) NAIL TECHNOLOGY (400 hours)

I further agree to abide by the provisions of the Cosmetology Laws and Rules as they relate to both the training of an apprentice in a salon and in general practice.

Signature of Instructor

Signature of Instructor

*** Each instructor must sign this statement in the presence of a notary.*

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

(SEAL)

Notary Public Signature