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

APPLICATION FOR EXAMINATION IN SOUTH DAKOTA

OUT-OF-STATE STUDENT

Examination Categories and Fees (check only one box) Non-refundable ($106 total if applying for temporary license)
☐ Cosmetologist … $100 ☐ Esthetician … $100 ☐ Nail Technician … $100

PRINT CLEARLY. All areas must be completed. The correct examination fee by either check or money order must be attached. If applying for a temporary license a $6 fee must also be attached.

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____ _____ _____ _____
STREET CITY STATE ZIP

Tel: _____ Social Security Number: _____

Email address (if you have one):_____

Indicate your language preference for the written theory & South Dakota laws examination: ☐ English ☐ Vietnamese

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 yes, explain on a separate sheet giving date, place and full particulars and attach as part of this application.

EDUCATION INFORMATION

School:_____ City:_____ State:_____*

Start Date: _____ Date completed:_____ Total clock hours of education:_____

*You must get a certification from that state's Cosmetology Board. You must also submit (1) a copy of your birth certificate and current photo, OR (2) copy of your driver's license or government-issued photo ID (front side only with a clear photo for exam identification purposes).

I hereby make application for the state board examinations to be conducted by the Cosmetology Commission. 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. If granted a temporary license to practice in South Dakota, I promise to abide by all the laws of the state of South Dakota governing these practices.

Signature of Applicant:_____ Date: _____

APPLICATION FOR TEMPORARY SOUTH DAKOTA LICENSE*

Salon Name:_____ Tel: _____

Salon Address/City:_____

Owner Name:_____ Estimated starting date of employment: _____

*NOTE: All areas must be completed before the license will be issued. Temporary license fee is $6. A temporary license will be issued only when the applicant makes application for a temporary license before taking the examination and has secured employment in a salon licensed by the Commission. This temporary license shall be valid until the examination results are received and is not renewable. If the examinations are failed, the temporary license becomes invalid immediately.