

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**

**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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SD Student License 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: \_\_\_\_\_\*

Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total clock hours of education: \_\_\_\_\_

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

\*If this is an out-of-state school, you must get a certification from that state's Cosmetology Board. You must also submit (1) your Social Security Number and (2) a copy of your birth certificate and current photo or a copy of your driver's license (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.