

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA COSMETOLOGY COMMISSION

217 W. Missouri 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: _____

Indicate your language preference for the NIC written theory & practical examinations:

English Spanish (not available for Esthetics) Vietnamese Korean

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

***Please provide applicable ADA forms (available on our website).**

Forms must be submitted well in advance to be applied to exam one week before exam date.

If student, please have forms submitted by attending school administrator with application and exam fee.

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 the 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

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

(Temporary licenses are only issued if a completed Student Education Record (SER) has been submitted to the Commission upon graduating.)

Salon Name: _____ Tel: _____

Salon Address/City/Zip: _____

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.