SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

SOUTH DAKOTA COSMETOLOGY COMMISSION

217 W. Missouri Ave, Pierre, SD 57501 Tel: 605.773.6193 | cosmetology@state.sd.gov | cosmetology.sd.gov

INSTRUCTOR LICENSE AND EXAMINATION APPLICATION

Mail your completed application and \$165 fee (\$45 license fee and \$120 exam fee) to the above address.

Check license applying for:	Cosmetology Instructor		or Nail Tech. Instructor
Have you had an instructor			
PERSONAL INFORMATION	Please print all information i	if you do not fill out onlir	ne
Name:Tel:			
Address:			
STREET		CITY	STATE ZIP
SD (Cosmetologist, Esthetician,	or Nail Technician) License Nu	mber:	
*Social Security Number (if no S	SD license Number):	license Number): Birth Date:	
Have you ever been convicted of sheet giving date, place and ful certified copy of your court rec	I details and attach as part of t	his application. Addition	•
12-CLOCK HOURS NEW INST Must be completed before being		ctor License (attach co	py(s) of certificate)
Name of course(s):			
Company(s) providing the cour	se:		
•	ing issued an Instructor License will be sent instructions to com XAMINATION nination can be taken online or	e. Once the Commission plete the SD Instructon at an authorized testi	· · · · · · · · · · · · · · · · · · ·
under the penalties of perjury t if, in all things, true and correct	hat this application has been e t.	xamined by me, and to	etology school. I declare and affirm to the best of my knowledge and belies th Dakota governing instructors and
Applicant Signature:		Date:	