

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

INSTRUCTOR LICENSE AND EXAMINATION APPLICATION

Mail this completed application and a \$105 fee (\$25 license fee and \$80 exam fee) to the above address.

Check license applying for: Cosmetology Instructor Esthetics Instructor Nail Technician

Have you had an instructor license in South Dakota before? Yes No

Please print all information

PERSONAL INFORMATION

Name: _____ Tel: (_____) _____ - _____

Address: _____
STREET CITY STATE ZIP

SD (Cosmetologist, Esthetician, or Nail Technician) License Number: _____

Social Security Number: _____ Birth Date: ____/____/____

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 details and attach as part of this application.

12-CLOCK HOURS NEW INSTRUCTOR COURSE

Must be completed before being issued a Conditional Instructor License (attach copy of certificate)

Name of course: _____

Company providing the course: _____ Date completed: ____/____/____

SOUTH DAKOTA INSTRUCTOR STATE LAWS/RULES TEST

Must take and pass before being issued a Conditional Instructor License. Upon receipt of your application, the Commission will contact you to set up a date/time/location for this exam.

NIC INSTRUCTOR THEORY EXAMINATION

The NIC Instructor Theory examination can only be taken at the Commission Office in Pierre. The exam must be taken and passed before the 90-days conditional instructor license expires or the license becomes invalid. An individual may only be issued one conditional instructor license.

APPLICANT STATEMENT

I hereby make application for an instructor license to teach in a South Dakota cosmetology school. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief if, in all things, true and correct.

If granted an instructor license, I promise to abide by all the laws of the state of South Dakota governing instructors and cosmetology in South Dakota. If I am granted a junior instructor license, I understand that if I discontinue the junior instructor education program, I will immediately contact the Commission office.

Applicant Signature: _____ Date: ____/____/____