INSTRUCTOR LICENSE AND EXAMINATION APPLICATION

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:_____/______/________

Applicant fee: $35 license fee and $100 exam fee

Mail this completed application and a $135 fee ($35 license fee and $100 exam fee) to the above address.