

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
OUT-OF-STATE STUDENT**

Examination Categories and Fees (choose only one) 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

Telephone: _____ Social Security Number: _____

Email address: _____

Indicate your language preference for the NIC written theory and practical examination:

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: _____

Start Date: _____ Date completed: _____ Total clock hours of education: _____

**You must request that a copy of your transcripts be sent directly to our office from the Cosmetology school you attended. If your school is no longer accessible, you will need to request that a certification of your education hours in that state be sent directly to our office by that state's Cosmetology Board. You must also submit (1) a copy of birth certificate and current photo, or (2) copy of driver's license or government-issued photo ID (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

(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.