

**COSMETOLOGY COMMISSION**

217 W. Missouri Ave., Pierre, SD 57501

Tel: 605.773.6193 Fax: 605.773.7175 cosmetology.sd.gov

**LICENSE CERTIFICATION REQUEST FORM**

**INSTRUCTIONS:** Complete each section of this form accurately and to the best of your knowledge and send it to the Cosmetology Commission with a check or money order for \$20.00.

**Print this form, print information legibly, sign, date and send to the address at the top of this form.**

1. Licensee Name (First/Middle/Last): \_\_\_\_\_

2. Personal License Number: \_\_\_\_\_

3. State Requesting Certification: \_\_\_\_\_

4. Send by Mail or Email to Board or Commission (**emails will only be sent to an official state email**

**address**):  Mail  Email

5. Address (Mail or Email): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing this form, you affirm that all information provided is, to the best of your knowledge, true and accurate. Further, you understand that the Commission will transmit all information as it pertains to your license(s) to the requesting board or commission.**

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date