

South Carolina Department of Labor, Licensing and Regulation

Board of Barber Examiners

P.O. Box 11329, Columbia, SC 29211-1329

Telephone (803) 896-4490

Fax (803) 896-4484

Student Permit Application Instructions

1. Application must be printed in ink or typed.
2. Application must be signed by student, School Official or Shop Instructor and notarized. Your application is not complete without these signatures.
3. Read each area very carefully. If any information is not marked or questions unanswered, your application may be returned for incompleteness.
4. You must attach **proof of having completed at least the ninth grade or better**. If you do not mail this information along with the fee and application it will be marked as incomplete and will be returned to you.
5. A skin test or chest x-ray must be accompanied with all applications. It must indicate you are free of tuberculosis.
6. The instructor along with his/her student is required to meet with a representative of the Board. You will be sent a notice to meet with that representative once completed application is received. At that same time, it will be determined if you will be given the permit(s) to train your potential student.
7. **Mail the completed application and a check or money order for \$35 and other required documents (proof of completion of 9th grade) to:**

South Carolina Department of Labor, Licensing and Regulation
Board of Barber Examiners
Post Office Box 11329
Columbia, SC 29211-1329

**All applications will be returned if not properly completed
or fees not enclosed.**

Please notify the SC Board of Barber Examiners office at (803) 896-4494 if you feel you are eligible under the Americans with Disabilities Act (ADA) for special accommodation either in completing the application process or in taking the required examination.

2. SCHOOL INFORMATION

School Name: _____ License No. _____ Date Issued: _____

Address:

Number Street City State Zip County

School Contact Person: _____ Telephone No.: _____

3. ON-THE-JOB INSTRUCTOR AND SHOP INFORMATION

Instructor Name: _____ *Social Security No. _____

Registered Barber License No. _____ Instructor License No. _____

Shop Name: _____ Shop License No. _____

Shop Address:

Number Street City State Zip County

Shop Telephone No: _____

Number of students training under this Instructor's Supervision? _____ List the Name and Social Security No. for each student.

1. _____ *Social Security No. _____

2. _____ *Social Security No. _____

When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid. Please provide the following on your check: Drivers License #; Full Name; Street Address and Phone Numbers.

4. AFFIDAVIT OF SCHOOL OR SHOP INSTRUCTOR

I certify that the information furnished above is true and accurate and that all School or Shop Student training requirements mandated by the SC Board of Barber Examiners have been met. I further certify and agree that I (School official or Shop Instructor) will comply with all the rules and regulations governing Barber Student Training, including but not limited to, providing all the paperwork required by the SC Board of Barber Examiners. I fully understand that non-compliance with any of the requirements set forth by the SC Board of Barber Examiners may result in suspension or revocation of any and all licenses issued by this Board or other disciplinary action.

School Official or Shop Instructor Signature

Date

Sworn and subscribed to before me this _____ day of _____ 20 _____

Notary Public

My Commission Expires:

INSERT FOR STUDENT PERMIT APPLICATION

The S.C. Board of Barber Examiners recently voted to allow on the job instructors to have a substitute instructor listed on file. This is not a requirement. It is a choice. The substitute must be a licensed barber instructor and he/she must be working in the same barber shop. If you choose, please name the substitute where indicated.

Substitute Instructor (please print)

*Social Security No.

Substitute Instructor (signature)

Instructor's License No.

AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10 SC Code of Law, **ALL** applicants for a South Carolina license after July 1, 2008 are required to complete and sign this Affidavit of Eligibility.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. ___ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. ___ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. ___ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
 - b. ___ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. ___ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. ___ I am a US citizen, not physically present or employed in the United States.
 - b. ___ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided **upon request only**.

- Any South Carolina Driver License, South Carolina Driver Permit or South Carolina Identification Card, expired less than one year.
- Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year. State: _____
- Valid Temporary Resident Card
- Certificate of Naturalization with intact photo
- Certificate of (US) Citizenship with intact photo
- Other: (Name of verifiable document) _____

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

(If issued by a state agency, include both the state and agency name.)

3. What is the secure and verifiable document number? _____

_____/_____/_____

Social Security Number

4. What is the expiration date of your secure and verifiable document? ____/____/____ (month/day/year)

(If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States. I may also be required to provide proof of lawful presence.
- I understand that in accordance with section 8-29-10 false statements made herein are punishable by law. I state under penalty of perjury that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Labor, Licensing and Regulation upon request and is subject to verification.

Signature

Date

Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

The South Carolina Code of Laws requires that every individual who applies for an occupational or professional license provide a social security or alien identification number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

