

**South Carolina Board of Barber Examiners**

110 Centerview Dr. • Columbia • SC • 29210

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

Phone: 803-896-4588 • [BoardInfo@llr.sc.gov](mailto:BoardInfo@llr.sc.gov) • Fax: 803-896-4484

[www.llr.sc.gov/POL/Barber/](http://www.llr.sc.gov/POL/Barber/)



## STUDENT PERMIT APPLICATION INSTRUCTIONS

Check your application status online for pending documentation before directly contacting the Board at [www.llr.sc.gov](http://www.llr.sc.gov) and select "Online Services". Allow 10 business days from the date we receive your application before checking your application status. During peak times, the application review/approval process may take longer.

1. Complete application in blue or black ink only.

2. **Submit with your application:**

- Remit the \$35 non-refundable fee via a check, money order or cashier's check only. Make payable to LLR- Board of Barber Examiners.
- Recent 2"x2" full faced passport photo.
- Copy of vital statistics birth certificate or valid passport. Hospital certificates are not accepted.
- Copy of social security card.
- Copy of valid state issued ID, driver's license or valid passport with intact picture.
- Completed and notarized Verification of Lawful Presence, attached.
- If applicable, copy of legal documents that authorize a change in name such as marriage licenses, divorce decrees, or other court documents. NOTE: Permits will only be issued as reflected on legal document. (Birth certificate, marriage license, etc.)
- Proof of having completed at least 9<sup>th</sup> grade education.
- TB test results, less than a year old, indicating you are free of tuberculosis.
- Application must be signed by student, School Official or Shop Instructor and notarized. Your application is not complete without these signatures.
- If applicable, submit a statewide criminal background report, court documents, parole/probation letter and a personal explanation of the listed violations. If violations happened in South Carolina, please gain a SLED report from <https://catch.sled.sc.gov/>.

3. **Purchase Important Training Materials:**

- Textbook- Milady Standard Barbering 6<sup>th</sup> ed - ISBN 1305100557
- Student Workbook Milady Standard Barbering - ISBN 1305100662
- Milady Standard barbing Exam Review - ISBN 1305100670 (optional)



South Carolina Department of Labor, Licensing and Regulation  
South Carolina Board of Barber Examiners

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DATE STAMP

## STUDENT PERMIT APPLICATION

**FEE REQUIRED: \$35-** Submit a cashier, personal, or certified check or money order payable to the SC Board of Barber Examiners. **All fees are non-refundable.** A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.

☒ Barber College/School Student

☐ On-The-Job-Training Student

☐ Barber Assistant- OJT

### SECTION I- STUDENT INFORMATION

Full Legal Name: \_\_\_\_\_  
First Middle Maiden (if married) Last

Home Address: \_\_\_\_\_  
Street (physical address required) City State Zip

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

County: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Female ☐ Male

1. Have you completed at least 9<sup>th</sup> grade education?

☒ Yes No ☐

\*You must attach proof that you have completed at least 9<sup>th</sup> grade education.

2. Have you ever been convicted of or pled guilty or nolo contendere to any felony, a crime of moral turpitude or a crime involving drugs? **If yes, submit a copy of the criminal background history where the violation(s) occurred and attach copies of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer sent directly to the Board from the above-mentioned authorities.** ☐ Yes No ☐

3. Have you had previous barber training?

☐ Yes No ☐

\*Students are only allowed two permits. If you are requesting a third permit, you must submit a letter explaining why you could not attain the training hours with the previous two permits **AND** you may be required to appear before the full board with your instructor.

Previous Barber Training: \_\_\_\_\_  
School or Instructor Dates of Training Hours Completed

**Privacy Act Disclosure:**

*South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security 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.*

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

**ATTESTATION AND SIGNATURE**

I, \_\_\_\_\_ (print name), am the person described and identified and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my permit/license to train or practice barbering in South Carolina.

\_\_\_\_\_  
Signature of Applicant (Do not print) \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_

**DID YOU REMEMBER TO:**

- ☐ Complete and answer all questions. Sign, date and have your application notarized.
- ☐ Complete, sign, date and have the Affidavit of Lawful Presence/Affidavit of Eligibility notarized.
- ☐ Enclose a clear and legible copy of your beginner's permit or state identification card or driver's license.
- ☐ Enclose a clear copy of your Social Security Card.
- ☐ Enclose a copy of your TB test results (less than a year old).
- ☐ Attach your photo to your application (copy of your driver's license is not acceptable for a photo).
- ☐ Enclose fee of \$35.00. Money order, cashier's check or personal check made payable to the SC Board of Barber Examiners. **No cash, credit cards or debit cards accepted.**

Check the status of your application online at [www.llr.state.sc.us/pol/barber](http://www.llr.state.sc.us/pol/barber). Once all requirements have been received, a license number may be generated within 10 business days. During peak times, the application review/approval process may take longer.

## SECTION II- SCHOOL INFORMATION (Barber College/School Students)

The applicant is not considered enrolled until the date of issuance of a student permit by this Board.

School Name: Top of the Line Barber College License No: 71705 Date Issued: 06/01/2018

Mailing Address: 1904 Savannah Hwy., Unit 101 Charleston, SC 29407  
Street City State Zip

School Contact Person: Andronicus Davis Telephone No.: (843) - 573 - 0078

## SECTION III- ON-THE-JOB INSTRUCTOR AND SHOP INFORMATION

The applicant is not considered enrolled until the date of issuance of an OJT permit by this Board.

Instructor Name: \_\_\_\_\_ \*Last Five Digits of Social Security No.: XXX-X

Registered Barber License No.: \_\_\_\_\_ Instructor License No.: \_\_\_\_\_

Shop Name: \_\_\_\_\_ Shop License No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Shop Telephone No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OJT instructors can only supervise two students at one time. List the name and social security number for each student who is training under your supervision.

1. \_\_\_\_\_ \*Permit No.: \_\_\_\_\_

2. \_\_\_\_\_ \*Permit No.: \_\_\_\_\_

## SECTION IV- 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 to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## SUBSTITUTE INSTRUCTOR INFORMATION

### OJT SUBMISSIONS ONLY

On-the-Job Training instructors **are allowed** to have a substitute instructor on file with his/her student. This is not a requirement; however, it is an option for vacation purposes as it still allows the student to continue with training in your absence. The substitute must be a licensed barber instructor with a current master hair care or registered barber license **AND** he/she must be working in the same barber shop as the primary instructor.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
OJT Permit Number

By signing below, I agree to fill-in as a substitute and record the training hours in the absence of the primary barber instructor.

\_\_\_\_\_  
Instructor License Number

\_\_\_\_\_  
Master/Barber License Number

\_\_\_\_\_  
Signature of Substitute Barber Instructor

SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

# HEALTH CERTIFICATION

Prior to licensure, applicant shall be required to have a tuberculin skin test with five U.S. Tuberculin Units of purified protein derivative. Applicants found to be non-reactors to a 5TU-PPD tuberculin skin test shall require no further routine annual screening. Results of skin tests utilizing the multiple puncture method shall not be accepted, if applicants are found to be tuberculin reactors, they must provide the Board with a statement that the applicant is non-contagious and must undergo such further testing as may be necessary before the county health department or private physician can provide the Board with such a statement. This statement shall include a section stating whether or not it will be necessary for the applicant to have an annual chest x-ray.

\_\_\_\_\_  
*Name of person being examined*

\_\_\_\_\_  
*Date*

## **Result of Tuberculosis Examination:**

X-Ray of Chest OR Skin Test (attach report) \_\_\_\_\_

I find this applicant free from TB and is physically qualified to practice barbering.

\_\_\_\_\_  
*Signature of M.D.*

\_\_\_\_\_  
*Print Name of M.D.*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*County*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*M.D. License Number*



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES  
AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)

being first duly sworn deposes and states as follows:

**Check only one box:**

1. ☐ I am a United States citizen; or
2. ☐ I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. ☐ I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. ☐ Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_

I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See Instruction sheet for a list of accepted immigration documents. Provide copies of the front and back.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both)

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest 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.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## **INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY**

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA

An alien who is granted asylum under Section 208 of the INA

A refugee who is admitted to the United States under Section 207 of the INA

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (1-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (1-551)

Unexpired Refugee Travel Document (1-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary 1-551 Language)

Temporary 1-551 Stamp (on passport or 1-94)

1-94 (Arrival/Departure Record) in Unexpired Foreign Passport

1-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)