

BOARD OF BARBER EXAMINERS

217 West Missouri Avenue, Pierre SD 57501

Tel: 605.773.6193 barber@state.sd.us

APPLICATION FOR EXAMINATION IN SOUTH DAKOTA

PRINT CLEARLY.

All areas must be completed. Enclose check or money order for \$225.00. Fees are Non-refundable.

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Social Security Number: _____

Email Address (if you have one): _____

Do you need reasonable testing accommodations due to a disability? Yes No

Have you ever been convicted of, plead guilty or nolo contendere to a felony or any state or federal crime (disclose any conviction)? Yes No If answered "yes" include all details (nature of crime, date of conviction, etc.) on a separate sheet. You must also submit a certified copy of your court records.

EDUCATION INFORMATION:

School: _____ City: _____ State: _____

Date Completed: _____ Total Clock Hours of Education: _____

I authorize the Board of Barber Examiners to release the results of my State Board Examinations to the above-named school: Yes No

I hereby make application for the state board examinations to be conducted by the South Dakota Board of Barber Examiners. 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. I promise to abide by all the laws of the state of South Dakota governing these practices.

Signature of Applicant: _____ Date: _____