

# EXAMINATION • CERTIFICATION • LICENSURE



**SOUTH CAROLINA  
BOARD OF BARBER  
EXAMINERS**



## APPLICATION FOR EXAMINATION & LICENSURE

Please complete this application form (we have included a checklist to help you verify completion -- see #1) and mail to **Professional Credential Services (PCS)** at the address on the Payment Form. For the practical examination, your application and ALL documentation must be RECEIVED prior to the application deadline of the practical examination you wish to take. Applications are processed daily for theory tests administered at PSI Testing Centers. Late or incomplete applications will be processed for the next scheduled practical examination. If you have not received an admission notice within seven (7) days prior to the examination date, call PCS toll-free at 888-822-3272 for assistance. For more information, review the *Candidate Information Bulletin* online at [pcshq.com](http://pcshq.com). **The State Board has the final authority to approve the issuance of a license.**

### 1. APPLICATION CHECKLIST

Please check that the following is complete and enclosed in your envelope prior to mailing: \*Incomplete applications will not be considered\*

- ☐ Section 2 (Personal information – Social security number and date of birth must be entered in this section)
- ☐ Section 3 (Examination(s) must be selected)
- ☐ Section 4 (Correct fees must be attached or credit card information provided)
- ☐ Section 5 (Please select a test month for the practical exam)
- ☐ Section 6 (If requesting accommodations, box must be checked and all documentation must be attached to application)
- ☐ Section 7 (Indicate the method for which you are qualified)
- ☐ Section 8 (Carefully read and answer all conviction and disciplinary questions)
- ☐ Section 9 (Must read, sign, have signature notarized and attach 2x2 photo where indicated)

In addition to a completed application, you will also need to submit the following documents to PCS:

- A - Proof of Age – Provide PCS with a copy of **one** of the following: driver license, birth certificate or passport.
- B - Proof of 9<sup>th</sup> Grade Education – Provide PCS with a copy of **one** of the following: HS Diploma, HS Transcript or GED.
- C - Completed **Health Certification Form** (Obtain a negative 5TU-PPD tuberculin skin test and or a chest X-ray taken within a year)
- D - Provide a notarized copy of Barber School **Training Affidavit** (This form can be downloaded online at [www.pcshq.com](http://www.pcshq.com)).
- E - Affidavit of Eligibility – All areas of the form must be completed. This form can be downloaded online at [www.pcshq.com](http://www.pcshq.com).

**Barber Instructor candidates are required to submit an application, proof of age, affidavit of eligibility, and must have had at least 3 years experience as a registered barber.**

**\*NOTE: Candidates must register with the full legal name as it appears on their government issued identification. The name on the identification must be the same as the name used to register for the examination.**

### 2. TYPE OR PRINT LEGIBLY IN INK

\_\_\_Mr. \_\_\_Mrs. \_\_\_Ms. \_\_\_Miss

Name (Last, First, MI)

Social Security Number

( )

Mailing Address

Primary Phone Number

( )

City, State, ZIP Code

Secondary Phone Number

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

E-Mail Address

Mother's Maiden Name

### 3. PLEASE CHECK EXAMINATION TYPE[S] YOU ARE APPLYING FOR

- |                                                      |                                                                |                                                   |
|------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Registered Barber Theory    | <input type="checkbox"/> Master Hair Care Specialist Theory    | <input type="checkbox"/> Barber Instructor Theory |
| <input type="checkbox"/> Registered Barber Practical | <input type="checkbox"/> Master Hair Care Specialist Practical | License # _____                                   |
| <input type="checkbox"/> Theory AND Practical        | <input type="checkbox"/> Theory AND Practical                  | Date Issued _____                                 |

- ☐ Cosmetologist licensed in South Carolina for at least 2yrs years. License # \_\_\_\_\_  
**Note:** If you are a licensed SC cosmetologist, you are only required to take the Master Hair Care Specialist Practical Examination.

- ☐ **REINSTATEMENT:** Anyone previously licensed and whose license has been expired for three years, must complete this application and take the practical examination again before your license can be reinstated. License # \_\_\_\_\_

**4. FEES: (Includes State Licensure Fee):**

First-time applicant fees listed below include LLR processing and 2-year license fee of \$45. PCS collects LLR fees and submits to LLR on a routine basis. Re-exam candidate can call PCS to re-apply at 1-888-822-3272.

**\*\*Reinstatement candidates must submit First-Time Candidate Fees as defined below.**

- ☐ First-Time Candidate Fee for **both** Theory & Practical Examinations (includes LLR fees): **\$165**
- ☐ First-Time Candidate Fee for Theory Only Examination (includes LLR fees): **\$110**
- ☐ First-Time Candidate Fee for Practical Only Examination (includes LLR fees): **\$100**

**5. PRACTICAL EXAMINATION MONTH**

In order to test in the month selected, PCS must receive your COMPLETE application prior to the application deadline date of the practical examination date selected. Please see the PCS web site ([www.pcshq.com](http://www.pcshq.com)) for a detailed list of examination dates and application deadlines. The exact location of the practical examination site will be identified on your *Admission Notice*, which you will receive approximately 7-10 business days prior to the examination date:

☐ Jan    ☐ Feb    ☐ Mar    ☐ Apr    ☐ May    ☐ Jun    ☐ Jul    ☐ Aug    ☐ Sep    ☐ Oct    ☐ Nov    ☐ Dec

**6. SPECIAL ACCOMMODATIONS – AMERICANS WITH DISABILITIES ACT**

- ☐ Check **ONLY** if you are requesting special accommodations. You must complete an **ADA Accommodations Form** online at [www.pcshq.com](http://www.pcshq.com). All required ADA documentation **MUST** be included with this application.

**7. PROFESSIONAL TRAINING QUALIFICATIONS (This section MUST be completed)**

Name of Barber School Attended \_\_\_\_\_

Street Address of School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Email of School: \_\_\_\_\_ Enrolled from \_\_\_\_\_ to \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**8. DISCIPLINARY QUESTIONS / LAWS**

Have you been found guilty or entered a plea of nolo contendere for any crime in this or any other state? **THIS PAGE OF THE APPLICATION WILL BE RETURNED IF YOU DO NOT ANSWER THIS QUESTION, AND YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE.**

☐ YES                      ☐ NO

Have you ever had a license revoked, suspended, or otherwise sanctioned by any board or agency, or have you ever been denied Issuance of, or pursuant to disciplinary proceedings refused renewal of a license by any board or agency in this or any other state? **THIS PAGE OF THE APPLICATION WILL BE RETURNED IF YOU DO NOT ANSWER THIS QUESTION, AND YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE.**

☐ YES                      ☐ NO

- ❖ If you answered "Yes" to the question regarding court convictions, you must submit to the Board the following:  
a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation/parole officer regarding your current status/completion of any probation/parole. **Your application will not be processed until this information is received and reviewed by the Board.**

- ❖ If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency Send a certified copy of the action taken against your license with relevant supporting documents to the Board's Office. **Your application will not be processed until this information is received and reviewed by the Board.**

\_\_\_\_\_ Please check here if you answered "Yes" to the questions above and have already submitted the documentation to the Board within the past two years. If you have, it is not necessary to resubmit this information, BUT NEW CONVICTIONS MUST BE SUBMITTED.

Do you recognize your duty to comply with South Carolina's Barber Laws?

☐ YES

☐ NO

**9. INFORMATION CONSENT AND WAIVER AGREEMENT**

I understand that all information in this document is a public record subject to disclosure pursuant to the S.C. Freedom of Information Act, except any item designated with this symbol (\*).

I understand that any omission, inaccuracy or failure to make full disclosure in this application may be deemed sufficient reason to withhold license or renewal, suspend or revoke a license if issued by the Board. I understand that the Board may make such inquiry and investigation concerning my record or background as the Board in its judgment deems proper, and further agree to furnish any additional information that may be requested by the Board.

I understand that various barber products are to be used during certain sections of the barber practical examinations for licensure.

I agree that in the event of an illness and/or injury that precludes my completion of the examination, any claim I may have will be limited to a refund of the examination fee paid. I agree that I shall hold harmless the State of South Carolina, its employees, agents and independent contractors (state) from any and all claims, injury, loss, damage, suits, actions, liabilities, and costs of any kind for any and all claims by any party arising directly or indirectly from any acts or omissions in connection with this examination. I acknowledge that neither I nor any other party claiming through me shall have the right of action of any kind against the State with regard to any use or misuse of said Products during this examination and I release, with informed consent, the State from any liability with respect to the same.

I verify that the information contained on this application form and all supporting documentation is true and correct. I am aware of the criminal penalties for tampering with public records or information pursuant to South Carolina law.

I understand that I must meet the application deadline and that the application must be complete by the application deadline in order to take the practical examination at the location and date desired. I also understand that if I do not appear with proper identification at the scheduled time and date for either the theory or the practical examination(s), all fees will be forfeited. I agree that any claim is limited to the examination fee paid in the event that the theory or practical examination(s) are cancelled. I ascertain by my signature below that I agree with the conditions noted on this application and in the most current *Candidate Information Bulletin* ([www.pcshq.com](http://www.pcshq.com)). I also ascertain that my signature below releases my score and personal information to my school and to the State Board.

I understand my signature below serves as acknowledgement that my social security number will be used as my unique identifier for the purpose of reporting results to the state licensing agency and my school of graduation for licensing purposes. I further agree to release Professional Credential Services, Inc. (PCS) and its subcontractors from any liability arising from the use of my social security number as my unique identifier as required by the state with which I am applying for licensure.

Candidate Signature \_\_\_\_\_ [date] \_\_\_\_\_

Parent's Signature (if candidate is a minor) \_\_\_\_\_ [date] \_\_\_\_\_

Attach a 2 x 2  
front face/shoulders  
colored photograph  
MUST be attached  
[no photocopies]

\*\*\*\*\*  
**NOTARY SECTION**

\_\_\_\_\_, first being duly sworn, deposes and says that

(PRINT) NAME OF NOTARY (Must differ from all names listed within this application)

Candidate (listed above) is making the preceding statements, and that all statements made herein are true in every

respect. Sworn and subscribe to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE

[NOTARY STAMP]



## PAYMENT FORM

Applicant Name: \_\_\_\_\_

Social Security Number (Mandatory): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Fees are non-refundable and non-transferable  
Personal checks are not accepted**

Payment must be by certified check or money order (payable to PCS) or credit card (MasterCard/VISA Only). Please record your social security number on the check. Place a check mark in the appropriate box indicating the type of payment.

Payment Type: ☐ Cashier's Check/Money Order ☐ Credit Card (complete information below)

If paying by credit card: ☐ MasterCard ☐ VISA Authorized payment amount: \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Print Cardholder's Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**\*If your credit card is declined, you will be required to submit a cashier's check or money order.**

**Return this Payment Form with Examination Application.  
DO NOT staple your payment to this form.**

**Note: This document will be shredded after it has been processed.**

Mail Examination Application and Payment Form to:  
Professional Credential Services / South Carolina Barber  
P.O. Box 198768 (U.S. Postal Service)  
Nashville, Tennessee 37219-8689  
150 Fourth Avenue North, Suite 800 (Courier Delivery)  
Nashville, Tennessee 37219-2496  
Toll free: (888) 822-3272 (615) 312-3782  
Fax: (615) 846-0153  
Web Site: <http://www.pcshq.com>

**BARBER TRAINING AFFIDAVIT**

This form must be completed by the OJT Instructor or school representative

CANDIDATE NAME: \_\_\_\_\_ X \_\_\_\_\_  
(PLEASE PRINT) FIRST MIDDLE LAST CANDIDATE SIGNATURE

SHOP / SCHOOL NAME: \_\_\_\_\_

SHOP / SCHOOL ADDRESS: \_\_\_\_\_

SHOP / SCHOOL LICENSE NUMBER: \_\_\_\_\_ SHOP / SCHOOL PHONE NUMBER: \_\_\_\_\_

ENROLLMENT DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

**SUBJECTS**

**CREDITS IN HOURS**

Hygiene and Good Grooming – the hair, nails, skin and posture.....	_____
Professional Ethics – ethical conduct and attitudes.....	_____
Bacteriology, Sterilization and Sanitation – types of bacteria, methods of sterilization.....	_____
Implements – introduction and use.....	_____
Shaving – fundamentals and preparation.....	_____
Men's Haircutting – fundamentals, implements, preparation, tapered cuts, clipper techniques, shear and comb, thinning, facial types and modern trends .....	_____
Cutting and Styling Curly and Over – Curly Hair – Hair structure, special problems and methods.....	_____
Mustaches and Beards – designing and techniques of cutting.....	_____
Shampooing and Rinsing – methods, positions and types.....	_____
Hair and Scalp Treatment – recommended treatments and massage methods.....	_____
Facial Treatment – theory of massage, benefits and results, procedures and nerves.....	_____
Razor Haircutting – men's and women's, principles, types of razors and safety.....	_____
Air Waving and Curling – blow drying and curling iron technique.....	_____
Permanent Waving – men and women, types of perms, sectioning and blocking, special problems and aftercare	_____
Men's Hairpieces – fitting, types of hairpieces and service.....	_____
Disorders of the Skin, Scalp and Hair – diseases and treatments.....	_____
Anatomy and Physiology – the body and its functions.....	_____
Shop Management.....	_____
Retailing.....	_____
Licensing Laws.....	_____
History of Barbering.....	_____
Orientation and Introduction of School Staff and Policy.....	_____
Honing and Stropping.....	_____
Chemical Hair Relaxing – Introduction, chemical processing and safety precautions.....	_____
Hair Coloring – temporary, permanent, semi-permanent, application and lightening.....	_____
Electricity and Light Therapy – usage and precautions.....	_____
Chemistry – product knowledge, organic and inorganic chemistry reaction to hair and skin.....	_____
Testing.....	_____
Total Number of Hours.....	_____

\_\_\_\_\_  
(PRINT) NAME OF INSTRUCTOR

\_\_\_\_\_  
SIGNATURE OF INSTRUCTOR

\_\_\_\_\_  
(PRINT) NAME OF SCHOOL OFFICIAL

\_\_\_\_\_  
SIGNATURE OF SCHOOL OFFICIAL

(This section must be completed by a notary public)

\_\_\_\_\_, first being duly sworn, deposes and says that he or she (listed above) is the Instructor of  
(PRINT) NAME OF NOTARY (Must differ from names listed above)

Barbering making the preceding statement, and that all statements made herein are true in every respect.

Sworn and subscribe to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE

*Affix Notary Seal Here*

## SOUTH CAROLINA BARBER EXAMINATION 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 Professional Credential Services (PCS) 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 PCS 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 of Skin Test (attach report) \_\_\_\_\_

I find this applicant free from infectious tuberculin disease and is physically qualified to practice barbering.

\_\_\_\_\_  
*Signature of M.D. or medical staff member*

\_\_\_\_\_  
*Print Name of M.D or medical staff member.*

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

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

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

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

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

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

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

PLEASE ATTACH TO APPLICATION

### AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this Affidavit of Eligibility. The information provided is subject to verification.

#### **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 the acceptable secure and verifiable document(s) you hold. A copy of the verifiable document(s) must be attached to the Affidavit of Eligibility.

- ☐ A valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card. Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_
- ☐ A valid out-of-state issued photo Driver's License or photo identification card, photo driver's permit. State: \_\_\_\_\_; Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_.
- ☐ Permanent Resident Card; Alien Number \_\_\_\_\_; Card Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_.
- ☐ Employment Authorization Card; Alien Number \_\_\_\_\_; Card Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_
- ☐ 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 the secure and verifiable document(s) was issued.

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

3. Please provide your social security number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Include a copy of the card with the Affidavit)

**Section C: Attestation.**

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- 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.

\_\_\_\_\_  
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 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.*