

South Carolina Department of Labor, Licensing and Regulation
BOARD OF BARBER EXAMINERS
P.O. Box 11329, Columbia, SC 29211-1329
(803) 896-4588

REINSTATEMENT APPLICATION

<input type="checkbox"/> BARBER SHOP OR	Barber Shop or Barber College/School License No.: _____
<input type="checkbox"/> BARBER COLLEGE/SCHOOL:	Federal Identification: _____ If the facility is a sole proprietorship supply your social security number
ADDRESS: _____ _____	Telephone #: () - Email Address: _____
Is this a mailing address? <input type="checkbox"/> Yes or <input type="checkbox"/> No	

Answer all questions and submit the appropriate fee. Careful completion of this application will avoid a delay in processing. Incomplete applications will be returned to you. Please allow approximately 10 business days for processing.

***Make all Checks or Money Orders payable to: SC BOARD OF BARBER EXAMINERS* (DO NOT SEND CASH)**

*****Owners/Managers of Barber Shops and Colleges/Schools-** The barber shop license and the barber college/school's license will NOT be reinstated until the owner or manager on record has renewed his/her appropriate licensure.

BARBER SHOP LICENSE REINSTATEMENT FEE

\$150	Shop Name: _____ Owner or Manager Name: _____ Owner or Manager License Number: _____
--------------	--

BARBER COLLEGE/SCHOOL LICENSE REINSTATEMENT FEE

\$325	College/School Name: _____ Owner or Manager Name: _____ Owner or Manager License Number _____
--------------	---

1. Since the date of your last renewal application, has any complaint been formally lodged or has any action been taken against your license in any jurisdiction? Yes No
If Yes, please include a full explanation.

2. I have carefully read all questions on this reinstatement application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license and rejection of this application or delay processing.

Signature _____ Date _____