South Carolina Department of Labor, Licensing and Regulation



South Carolina Board of Cosmetology

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PERSONAL NAME / ADDRESS CHANGE / DUPLICATE LICENSE FORM

Personal Name Char Complete Sections 1, 3,		gal Documentation required- (marriage	license, divord	ce decree, etc)
Personal Address Ch Complete Sections 1, 2,	nange -No Fee Re				
Duplicate License (\$10 Complete Sections 1, 4 at					
	PI	ease Print – (Complete In Ink)			
1. Name* As currently show	n on South Carolin	a Cosmetology License- Legal N	lame		
First		Middle			Last
South Carolina License	Number (RC,	ES, NT, IRC, IES, INT)			
Date of Birth/		Social Security Number			
2. FORMER ADDRESS					
PHYSICAL ADDRESS*: * <i>Required</i>	Street		City	State	Zip Code
MAILING ADDRESS:					
	Street / PO Box	X	City	State	Zip Code
3. NEW LEGAL NAME <i>(A</i>	ttach name cha	nge documents – marriage	license,	divorce decr	ee, etc.)
First		Middle		Last	
4. NEW / CURRENT ADD	RESS – No Fe	e Required for Address (Change		
PHYSICAL ADDRESS*: *Required	Street		City	State	Zip Code
MAILING ADDRESS:			,	2.13.1.2	_р
WINTERNO ADDITEOU.	Street / PO Box	x	City	State	Zip Code
Telephone Number ()				
5. Signature of Licen	see:			Dat	te:/_ /

You may change your address online by logging in at https://eservice.llr.sc.gov/SecurePortal/Login.aspx