

AN ACT

ENTITLED, An Act to change the expiration period for certain temporary cosmetology permits.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

Section 1. That § 36-15-22 be amended to read as follows:

36-15-22. Any person who holds a current valid license, certificate, or certificate of registration from another state or territory of the United States or from the District of Columbia as an operator or manager-operator in the practices of cosmetology or as a nail technician or manager-nail technician in the practice of nail care may apply to the commission for a temporary permit to practice the art of cosmetology or nail care, as applicable, pursuant to the provisions of this chapter. The application shall be accompanied with evidence satisfactory to the commission that the applicant possesses those qualifications required pursuant to § 36-15-15 and that the requirements of that state, territory, or district for licensure are comparable to the requirements of this state for licensure. The application shall be accompanied with the fee required by this chapter. A temporary permit is valid until the date of the commission-scheduled examination in cosmetology or nail care, as applicable. If the holder of a temporary permit takes the examination at the scheduled time, the commission shall extend the temporary permit until the result of the examination is mailed to the applicant. If an applicant fails the examination, the temporary permit is invalid and may not be extended or reissued.

An Act to change the expiration period for certain temporary cosmetology permits.

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I certify that the attached Act originated in the

SENATE as Bill No. 37

Secretary of the Senate

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President of the Senate

Attest:

Secretary of the Senate

Speaker of the House

Attest:

Chief Clerk

Senate Bill No. 37

File No. _____

Chapter No. _____

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Received at this Executive Office this ____ day of _____ ,

20__ at _____ M.

By _____
for the Governor

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The attached Act is hereby approved this _____ day of _____ , A.D., 20__

Governor

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STATE OF SOUTH DAKOTA,
ss.
Office of the Secretary of State

Filed _____ , 20__
at _____ o'clock __ M.

Secretary of State

By _____
Asst. Secretary of State