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OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
ADVISORY BOARD ON MASSAGE THERAPY
2401 NW 23rd Street, Suite 74, Oklahoma City, OK 73107-2453
License Department 405.521.2441 • www.Oklahoma.gov/cosmo

J. KEVIN STITT
Governor

Leah Longest
Board Chair

APPLICATION FOR HAIRBRAIDING CERTIFICATION

Affidavit Verifying Lawful Presence (Form 390) is part of this application and must be attached.
Include cashiers check or money order for appropriate fee payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.

Submit \$5 fee for certification. This form must be notarized

First Name _____ Middle Initial _____ Last Name _____

Home Address _____ Apt # _____

RESIDENCE ADDRESS REQUIRED BY LAW (§59-199.3-B-3). PO BOX IS ACCEPTABLE

City _____ State _____ ZIP _____

Social Security Number _____ Phone _____ Date of Birth: _____

Email Address: _____

Are you receiving government assistance, or are you at 140% or less of poverty level? ☐ Yes ☐ No

If Yes, include documentation.

Have you ever been convicted of a felony? ☐ Yes ☐ No A felony conviction will not necessarily disqualify you from obtaining a license.

If you have been convicted of a felony, you must submit a certified copy of the record of the Court with this application.

If employed in an Oklahoma Cosmetology or Barbering Establishment, write name and address below:

ESTABLISHMENT NAME

ADDRESS

CITY/ZIP

Attach Current ~2" X 2"
Full Face Photo Here
(Newer Than One Year)

Date of Photo:

Month/Day/Year

I solemnly swear that the foregoing statements are true and correct.

X _____
Signature of Applicant

Subscribed and sworn before me this _____ day of _____, 20 _____.

State of _____ County of _____

Commission # _____

My commission expires _____ Notary Public _____

Notary Seal Here