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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
Reciprocity Department 405.521.2441 • Oklahoma.gov/cosmo

J. KEVIN STITT Governor

MIMI Casebolt
Interim Executive Director

APPLICATION FOR DOMESTIC RECIPROCITY

Affidavit Verifying Lawful Presence (Form 390) is part of this application and must be attached.
Include cashiers check or money order for \$95 per license payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.

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: _____

Attach 2x2 Photo Here
Tape, Do Not Staple

Photo must be newer than 1 year

For what type of license are you applying?

| | | |
|---|---|--|
| <input type="checkbox"/> Barber | <input type="checkbox"/> Cosmetologist/Operator | <input type="checkbox"/> Facialist/Esthetician |
| <input type="checkbox"/> Barber Instructor | <input type="checkbox"/> Cosmetology Instructor | <input type="checkbox"/> Manicurist |
| <input type="checkbox"/> Eyelash Extension Specialist | | |

In what state are you CURRENTLY licensed? _____

License Number _____ Expiration Date: _____

Have you ever held a cosmetology or barber license in Oklahoma? ☐ Yes ☐ No

If YES, give details (license types, dates held, names licensed under):

If NO, have you ever been enrolled in an Oklahoma cosmetology school? ☐ Yes ☐ No

Date of Photo: _____

Have you ever been denied issuance of a license or, pursuant to disciplinary proceedings, have you ever been refused renewal of any license by any agency in Oklahoma or in any other state or country? Yes ☐ No ☐ If Yes, attach explanation. ☐

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.

Fraudulent statements made to obtain a license or registration in Oklahoma are grounds for refusal, revocation or suspension of license or registration under Oklahoma Cosmetology and Barbering Law Title 59 O.S. Section 199.11 (f).

Practicing in Oklahoma on an out of state license is a misdemeanor under Oklahoma Cosmetology and Barbering Law Title 59 O.S. Section 199.6 (c).

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

| | | | | | | | | | |
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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 405.522.7619 • www.cosmo.ok.gov

J. KEVIN STITT
Governor

Leah Longest
Board Chair

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

This form is required by law with several other Agency applications.
READ AND FOLLOW INSTRUCTIONS CAREFULLY!

INSTRUCTIONS FOR COMPLETION OF THIS AFFIDAVIT

If the applicant is a United States citizen, check the box to the left of the statement, "I am a United States citizen."

If the applicant is NOT a United States citizen, check the box to the left of the statement, "I am a qualified alien under the Immigration and Nationality Act, and I am lawfully present in the United States." Qualified aliens must also submit documents that support their status, such as a front and back copy of INS Form I-551 (commonly referred to as a green card) or a copy of INS form I-94. The Board will review the completed form and may demand additional information and status documentation as needed to comply with this law. Qualified aliens must file a new Affidavit annually with license renewals.

Qualified aliens who have become United States Citizens since their last license renewal must submit a copy of their Naturalization Certificate.

First Name _____ Middle Name _____ Last Name _____

Social Security Number _____ Date of Birth: _____

* If the applicant is NOT a United States citizen, provide USCIS or Alien Registration Number: _____

* If the applicant is NOT a United States citizen, list Country of Origin: _____

WARNING!

A FALSE STATEMENT ON THIS DOCUMENT IS PUNISHABLE BY UP TO 5 YEARS IN PRISON

Within the context of the execution of this form, the term 'penalty of perjury' means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false, is a crime in Oklahoma, and may be punishable by a term of incarceration of no more than five (5) years in prison.

Print Applicant's Name Here: _____
of lawful age, being first duly sworn, upon oath states, *under penalty of perjury*, as follows by the box checked below:

☐

I am a United States Citizen.

☐

I am a Qualified Alien under the Immigration and Nationality Act, and I am lawfully present in the United States.

Applicant's Signature X _____ Date: _____