

2011 – 2012 RENEWAL APPLICATION FOR BARBER LICENSE

OKLAHOMA STATE DEPARTMENT OF HEALTH
OCCUPATIONAL LICENSING DIVISION
PO BOX 268817
OKLAHOMA CITY OK 73126-8817
TELEPHONE: (405) 271-5779 FAX: (405) 271-5286

2011 – 2012 RENEWAL ONLY

NAME: _____ LICENSE NO. _____

• **BARBER *INSTRUCTOR* RENEWAL FEE BEFORE JUNE 30, 2011 \$50.00**

• **\$25.00 LATE FEE DUE - AFTER JUNE 30, 2011 - FOR TOTAL OF \$75.00**

(IF YOUR LICENSE EXPIRATION DATE IS PRIOR TO 6/30/11 – TOTAL FEE DUE IS \$50.00)

NOTICE: THE FINE FOR BARBERING WITH AN EXPIRED LICENSE IS \$250.00

1. A COMPLETED RENEWAL APPLICATION IS REQUIRED TO RENEW YOUR LICENSE
2. **IF MAILING** - A CASHIER'S CHECK, PERSONAL CHECK, OR MONEY ORDER IS RECOMMENDED
PAYABLE TO: Oklahoma State Department of Health
MAIL COMPLETED FORM AND APPROPRIATE FEE TO:
OCCUPATIONAL LICENSING DIVISION – 0509
OKLAHOMA STATE DEPARTMENT OF HEALTH
PO BOX 268817
OKLAHOMA CITY, OK 73126-8817

3. **IF DELIVERING COMPLETED FORM AND PAYMENT IN PERSON, YOU MAY DO SO**
8:00 a.m. to 4:00 p.m., Monday through Friday (except legal holidays) at:
OKLAHOMA STATE DEPARTMENT OF HEALTH
1000 N.E. 10TH STREET
OKLAHOMA CITY, OK 73117

IF DELIVERING COMPLETED FORM AND PAYMENT IN PERSON - ONLY: ACCEPTED FORMS OF PAYMENT ARE: CASHIER'S CHECK, PERSONAL CHECK, MONEY ORDER, OR CASH – AS WELL AS: VISA, MASTER, DISCOVER, AND AMERICAN EXPRESS CARDS.

YOUR RENEWAL WILL NOT BE PROCESSED UNLESS ALL SECTIONS ARE COMPLETE

DO NOT TEAR OFF OR SEPARATE ANY PORTION OF THIS FORM. PLEASE SUBMIT THE COMPLETE 8 1/2" x 11' FORM.

SHOP INFORMATION MUST BE PROVIDED ON SHOP ADDRESS LINE

PLEASE CHECK WHERE YOU WOULD

LIKE YOUR LICENSE MAILED: HOME _____ SHOP _____

HOME ADDRESS CITY STATE ZIP+4 HOME PHONE

* SHOP NAME SHOP ADDRESS CITY STATE ZIP+4 WORK PHONE

* IF YOU ARE NOT CURRENTLY BARBERING, WRITE "NOT BARBERING" ON SHOP NAME LINE

SIGNATURE OF APPLICANT