



Oklahoma State Board of Cosmetology and Barbering  
Advisory Board on Massage Therapy

**INSTRUCTOR STUDENT AFFIDAVIT - EMPLOYED**  
**PROOF OF COSMETOLOGY/BARBERING PRACTICE EXPERIENCE**

The Oklahoma State Board of Cosmetology and Barbering may credit for work experience in lieu of no more than seven hundred (700) hours of school instructor training. (Title 59 O.S. §199.7 N(2)) Applicant must verify having been engaged in the practice for at least the preceding two (2) years. Proof of work experience must be documented on this affidavit by applicant's employer.

**NOTICE:** Work experience may be verified by the Board. Title 59 O.S. § 199.11 of the Oklahoma Cosmetology and Barbering Statutes provides that it shall constitute a misdemeanor for any person to willfully make any false or fraudulent oath or affirmation in order to obtain student registration, certification of record or license. The misdemeanor is punishable by fine and/or imprisonment for each offense.

**THE FOLLOWING AFFIDAVIT MUST BE COMPLETED BY ESTABLISHMENT OWNER/EMPLOYER:**

This is to certify that \_\_\_\_\_ was in **my employ** for a period of \_\_\_\_\_ years and  
\_\_\_\_\_ months from \_\_\_\_\_ to \_\_\_\_\_  
day/month/year day/month/year  
in \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ at  
City County State

\_\_\_\_\_  
Name and address of Establishment

**This affidavit must be signed before a Notary Public**

*I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
**Print Name of Employer**

\_\_\_\_\_  
**Signature of Employer**

(SEAL)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_



Oklahoma State Board of Cosmetology and Barbering  
Advisory Board on Massage Therapy

**INSTRUCTOR STUDENT AFFIDAVIT - SELF-EMPLOYED (Option 1)**  
**PROOF OF COSMETOLOGY/BARBERING PRACTICE EXPERIENCE**

The Oklahoma State Board of Cosmetology and Barbering may credit for work experience in lieu of no more than seven hundred (700) hours of school instructor training. (Title 59 O.S. § 199.7 N(2)) Applicant must verify having been engaged in the practice for at least the preceding two (2) years. Proof of work experience must be documented on this affidavit by applicant's employer. A copy of applicant's tax returns which cover the same time period as specified in the sworn statement below (Option 1) **OR** by a sworn statement from your Banker or Accountant which states you owned and operated the above named shop during the specified time period (Option 2.) The attached State Board Affidavit is required for Banker or Accountant statement.

**NOTICE:** Work experience may be verified by the Board. Title 59 O.S. § 199.11 of the Oklahoma Cosmetology and Barbering Statutes provides that it shall constitute a misdemeanor for any person to willfully make any false or fraudulent oath or affirmation in order to obtain student registration, certification of record or license. The misdemeanor is punishable by fine and/or imprisonment for each offense.

**THE FOLLOWING AFFIDAVIT MUST BE COMPLETED BY ESTABLISHMENT OWNER APPLICANT:**

This is to certify that I, \_\_\_\_\_ was **self-employed** for a period of \_\_\_\_\_ years and \_\_\_\_\_ months from \_\_\_\_\_ to \_\_\_\_\_ day/month/year day/month/year in \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ City County State

\_\_\_\_\_  
Name and address of Establishment

**This affidavit must be signed before a Notary Public**

*I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
**Print Name of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

(SEAL)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_



Oklahoma State Board of Cosmetology and Barbering  
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**INSTRUCTOR STUDENT AFFIDAVIT - SELF-EMPLOYED (Option 2)**

The following affidavit must be completed by the salon owner, applicant's Banker or Accountant. It must be attached to additional affidavit completed by the applicant. Time periods sworn to in both forms must be the same.

This is to certify that \_\_\_\_\_ did own and operate \_\_\_\_\_  
Name of Establishment

located at \_\_\_\_\_ for a period of \_\_\_\_\_ years  
Address of Establishment

and \_\_\_\_\_ months, from \_\_\_\_\_ to \_\_\_\_\_  
Day/Month/Year Day/Month/Year

He/she has conducted business with this bank or accounting firm during the time period specified above.

Bank Account Number \_\_\_\_\_

**This affidavit must be signed before a Notary Public**

*I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.*

(SEAL)

\_\_\_\_\_  
*Signature of Accountant*

\_\_\_\_\_  
*Signature of Bank Official*

\_\_\_\_\_  
*Print Name of Accountant*

\_\_\_\_\_  
*Print Name of Bank Official*

\_\_\_\_\_  
*Print Name of Accounting Firm*

\_\_\_\_\_  
*Print Name of Bank*

\_\_\_\_\_  
*Print Address of Accounting Firm*

\_\_\_\_\_  
*Print Address of Bank*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_