



**OKLAHOMA STATE BOARD OF
COSMETOLOGY AND BARBERING**

2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107
Reciprocity Department 405.521.2441 • Fax 405.521.2440
www.cosmo.ok.gov

MARY FALLIN
GOVERNOR

SHERRY G. LEWELLING
EXECUTIVE DIRECTOR

APPLICATION FOR DOMESTIC RECIPROCITY LICENSE

The State Board of Cosmetology and Barbering may grant license by reciprocity, without examination, to any applicant who shall qualify and who shall submit the required application and fees to the Board.

INSTRUCTIONS:

1. The enclosed reciprocity application must be completed, signed and notarized.
2. Applicant must complete the Affidavit Verifying Lawful Presence in the United States, as required by House Bill 1804. This form must be notarized.
3. Applicant must submit a current (newer than one year), 2" x 3" full face photograph.
4. Submit money order or cashier's check for \$65 (includes \$60 for license and \$5 for Oklahoma Law, Rule and Regulation book) made payable to the Oklahoma State Board of Cosmetology and Barbering. *Personal checks are not accepted.*
5. Submit a certification/affidavit of your license records from the State Board or appropriate licensing agency where a current license is held. This is a legal document furnished by the State Board with licensing history, number of hours completed, and will include appropriate state seal and official signature. Copies of a current state license are not acceptable. Certification must be either attached to the reciprocity application, or already on file with the Oklahoma State Board of Cosmetology and Barbering. If the certification is mailed to our office, we will contact the applicant upon receipt.
6. If applying for an Instructor Reciprocity License, applicant must submit a copy of their high school diploma or GED certificate.
7. Applicants from a state that does not license practitioners must also show proof of completion of the required number of hours of school instruction. Oklahoma only accepts hours from other State Boards or appropriate licensing agencies. Hours reported directly from schools outside Oklahoma are not accepted.
8. Submit all required documentation and fee to the address at top of page.

Upon acceptance of this application, Applicant shall be notified of scheduled date and time to appear for the Board's Sanitation and Safety Examination. After Applicant passes the Sanitation and Safety Examination, their license will be issued as soon as possible, and will expire on the last day of their next birth month. Licenses are renewable annually, and expire on the last day of Licensee's birth month.

Any applicant who does not meet the above criteria is not eligible for licensure by reciprocity without examination. Such applicants must complete all Oklahoma requirements for licensure. Cosmetology school hours acquired in another state may be transferable. Please contact the Board office for more information.

Please direct all inquiries to the Reciprocity Department at 405.521.2441.

It is a violation of Oklahoma Cosmetology Law for any out of state licensee to practice in Oklahoma prior to obtaining an Oklahoma License.

**DO NOT MAIL INCOMPLETE APPLICATION OR DOCUMENTATION!
INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU AND WILL DELAY THE ISSUANCE OF YOUR LICENSE.**



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APPLICATION FOR DOMESTIC RECIPROCITY LICENSE

Affidavit Verifying Lawful Presence in the United States is part of this application and must be attached.

OFFICE USE ONLY
File Number
Expiration Date
RR/PVM

ANSWER ALL QUESTIONS COMPLETELY! Incomplete applications will be returned immediately and will delay licensing. Your reciprocity license will expire on the last day of your next birth month. Subsequent licenses are renewable annually, and will expire on the last day of your birth month.

Name of Applicant: Last First Middle

Maiden Name (if applicable):

Home Address: Street, Route or Box / Apartment Number City State Zip

Home Telephone: () Work Telephone: ()

Social Security Number: Date of Birth:

Attach Current Full Face Photo Here (Newer Than One Year)
Date of Photo:
Month/Day/Year

For what type of license are you applying?
Barber \$65, Cosmetologist/Operator \$65, Facialist/Esthetician \$65, Hairbraiding Technician \$65, Manicurist \$65, Master Barber Instructor \$65, Master Cosmetology Instructor \$65
In what state are you CURRENTLY licensed?
License Number License Expiration Date:
Have you ever held a cosmetology or barber license in Oklahoma?
If YES, please give details (license types, dates held, names licensed under):
If NO, have you ever been enrolled in an Oklahoma cosmetology school?

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, please explain. (You may use additional sheets if needed.)

Have you ever been convicted of a felony? Yes No Please note: A felony conviction does 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). Working 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 to the best of my knowledge and belief.

Signature of Applicant

Subscribed and sworn before me this day of 20
State of County of
Commission #
My commission expires Notary Public



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NOTICE!
URGENT!
IMMEDIATE RESPONSE REQUIRED!

Effective November 1, 2007, Oklahoma law requires all natural persons fourteen (14) years of age or older applying for or renewing a license to verify his or her lawful presence in the United States by executing a sworn affidavit indicating that the person is either a U.S. citizen, U.S. national, legal permanent resident alien, or qualified alien. 56 O.S. Supp. 2007 § 71. You must complete and return either the Option 1 affidavit or the Option 2 affidavit, whichever is applicable.

The appropriate affidavit must be completed and returned within **thirty (30) days**. **LICENSE APPLICATION OR RENEWAL MAY BE DENIED, SUSPENDED OR REVOKED FOR FAILURE TO COMPLETE AND RETURN THIS AFFIDAVIT AS REQUIRED BY LAW.** Faxed copies are not acceptable.

INSTRUCTIONS FOR COMPLETION OF THE AFFIDAVIT FORM

1. If you are a U.S. citizen (by either birth or naturalization) or a U.S. national, you must complete the **Option 1 Affidavit**.
2. If you are a legal permanent resident alien, or otherwise qualified alien, you must submit the **Option 2 Affidavit**. You must also submit documents that support your qualified alien status, such as a front and back copy of your Permanent Resident Alien Card (green card) or a copy of your INS form I-94. The Board will review the completed form and may request additional information and status documentation as needed to comply with this law. **A new Option 2 Affidavit is required each year with your renewal.**
3. You must sign the affidavit in the presence of a notary public or other officer authorized by State law to notarize affidavits. The Board's office is staffed with notaries who are available to provide notary service at no cost to applicants. Office hours are 7:30 AM to 4:00 PM, Monday through Friday, excluding legal holidays. Proper ID is required to complete the notary. **The Board will not accept an affidavit that has not been properly notarized.**

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

OPTION 1 –VERIFICATION OF CITIZENSHIP

[PLEASE PRINT CLEARLY – ALL INFORMATION MUST BE COMPLETED AND YOUR SIGNATURE NOTARIZED]

Affidavit of

[Applicant's Name – First, Middle, Last]

[Social Security Number]

[Date of Birth]

_____, of lawful age, being first duly sworn,
[Print Applicant's Name]

upon oath states, under penalty of perjury, as follows:

'I AM A UNITED STATES CITIZEN.

[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ____ day of _____,
20 ____.

Notary

Commission Number: _____
My Commission Expires: _____
State of: _____
County of: _____

SEAL

OPTION 2 – AFFIDAVIT VERIFYING QUALIFIED ALIEN STATUS

[PLEASE PRINT CLEARLY – ALL INFORMATION MUST BE COMPLETED AND YOUR SIGNATURE NOTARIZED]

Affidavit of

Applicant's Name [First, Middle, Last]

Alien Registration Number of Form I-94 Number

NOTE: Attach a legible copy of the front and back of the federal document that entitles you to work in the USA. We will accept a front and back copy of your resident alien (green) card.

Social Security Number

Date of Birth

Nationality [Country or Origin]

_____, of lawful age, being first duly [Applicant's Name]
sworn upon oath states, under penalty of perjury, as follows:

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

[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ____ day of _____, 20 _____.

Notary

Commission Number: _____

My Commission Expires: _____

State of: _____

County of: _____

SEAL