



OKLAHOMA STATE BOARD OF
COSMETOLOGY AND BARBERING

2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107
www.cosmo.ok.gov

MARY FALLIN
GOVERNOR

SHERRY G. LEWELLING
EXECUTIVE DIRECTOR

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



**OKLAHOMA STATE BOARD OF COSMETOLOGY,
BARBERING, AND MASSAGE THERAPISTS**

2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107
License Department 405.522.7619 • Fax 405.521.6846
www.cosmo.ok.gov

MARY FALLIN
GOVERNOR

SHERRY G LEWELLING
EXECUTIVE DIRECTOR

**AFFIDAVIT OF MASSAGE THERAPY WORK EXPERIENCE IN OKLAHOMA
MASSAGE THERAPIST - EMPLOYED**

Between September 1, 2016 and May 1, 2017, The Oklahoma State Board of Cosmetology and Barbering shall issue a license to practice massage therapy to any person who files a completed application, accompanied by the required fees, and who submits satisfactory evidence that the applicant has at least five (5) years of work experience in the State of Oklahoma. (Title 59 O.S. §42005 A2(b)) Proof of work experience must be documented on this affidavit by applicant's employer.

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 _____ day/month/year to _____ day/month/year in _____ City, _____ County, _____ State at _____
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.

(SEAL)

Print Name of Employer

Signature of Employer

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

State of _____ County of _____

My commission expires _____ Notary Public _____



**OKLAHOMA STATE BOARD OF COSMETOLOGY,
BARBERING, AND MASSAGE THERAPISTS**

2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107
License Department 405.522.7619 • Fax 405.521.6846
www.cosmo.ok.gov

MARY FALLIN
GOVERNOR

SHERRY G. LEWELLING
EXECUTIVE DIRECTOR

**AFFIDAVIT OF MASSAGE THERAPY WORK EXPERIENCE IN OKLAHOMA
PROOF OF SELF-EMPLOYMENT - OPTION 1**

Between September 1, 2016 and May 1, 2017, The Oklahoma State Board of Cosmetology and Barbering shall issue a license to practice massage therapy to any person who files a completed application, accompanied by the required fees, and who submits satisfactory evidence that the applicant has at least five (5) years of work experience in the State of Oklahoma. (Title 59 O.S. §42005 A2(b))
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.

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 _____ day/month/year to _____ day/month/year in _____ City, _____ County, _____ State at _____
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.

(SEAL)

Print Name of Applicant

Signature of Applicant

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

State of _____ County of _____

My commission expires _____ Notary Public _____



**OKLAHOMA STATE BOARD OF COSMETOLOGY,
BARBERING, AND MASSAGE THERAPISTS**

2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107
License Department 405.522.7619 • Fax 405.521.6846
www.cosmo.ok.gov

MARY FALLIN
GOVERNOR

SHERRY G. LEWELLING
EXECUTIVE DIRECTOR

**AFFIDAVIT OF MASSAGE THERAPY WORK EXPERIENCE IN OKLAHOMA
PROOF OF SELF-EMPLOYMENT - 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 _____
Address of Establishment for a period of _____ years
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 _____