



OSBCB 311 (01/19)

Grid of boxes for identification numbers

DO NOT WRITE ABOVE THIS LINE



OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
ADVISORY BOARD ON MASSAGE THERAPY
2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453
License Department 405.522.7619 • Fax 405.521.2440 • www.cosmo.ok.gov

J. Kevin Stitt
Governor
Sherry G. Lewelling
Executive Director

APPLICATION FOR DEMONSTRATOR LICENSE
Affidavit Verifying Lawful Presence (Form 398 or 399) are part of this application and must be attached.

First Name _____ Initial _____ Last Name _____

Home Address _____
Residence address is required, PO Box is acceptable

City _____ State _____ ZIP _____

Social Security Number _____ Phone _____ Date of Birth: _____

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.
Are you on government assistance, or at 140% or less of poverty level? [] Yes [] No
Documentation will be required.

If employed in an Establishment, write address below:

Establishment Name _____ Address _____ City _____ State _____ ZIP _____

List Products and Brand Names you will demonstrate:

Do you understand that all Demonstrations of Cosmetics MUST be performed in either a licensed Cosmetic Studio or a licensed Beauty or Barber Establishment, AND that this license does NOT allow for Demonstrations to be done in the homes of the general public or by appointment? [] YES
Do you understand that you may not charge for your services? [] YES
Do you understand that a Demonstrator may not place hands on the public when performing demonstration services? [] YES

Attach Current ~2" X 3" Full Face Photo Here (Newer Than One Year)
Date of Photo:
Month/Day/Year

This Demonstrator license will be used for (Check below if applicable):
[] Barber or Beauty Establishment [] Convention
[] Seminar [] Trade Show
Have you ever held a cosmetology or barber license in Oklahoma? [] Yes [] No
If YES, please give details (license types, dates held, names licensed under):
If NO, have you ever been enrolled in an Oklahoma cosmetology or barber school? [] Yes [] No

FEE - Submit cashier's check or money order for \$20, made payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.

I solemnly swear that the foregoing statements are true and correct.

(NOTARY SEAL) X _____
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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**AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES
FORM 398 VERIFICATION OF UNITED STATES CITIZENSHIP
(If you are NOT a United States Citizen, use Form 399)**

This form is required by law with several other applications. Read all instructions carefully!

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 their lawful presence in the United States by executing a sworn affidavit indicating that the person is either a United States citizen, United States national, a legal permanent resident alien, or a qualified alien (56 O.S. Supp. 2007 § 71).

Complete and submit the appropriate affidavit. **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 accepted.

INSTRUCTIONS FOR COMPLETION OF THE AFFIDAVIT FORM

If you are a United States citizen (by either birth or naturalization) or a United States national, you must complete the **Option 1 Affidavit (Form 398)**.

If you are a legal permanent resident alien, or otherwise qualified alien, you must submit the **Option 2 Affidavit (Form 399)**. 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 demand additional information and status documentation as needed to comply with this law. **A new Option 2 Affidavit must be filed annually with your renewal.**

The Affidavit must be notarized. The Board office maintains notary public on staff, and will notarize this Affidavit free of charge.

If you are a legal permanent resident alien, or otherwise qualified alien *who has become either a United States citizen or United States national since you last filed an Option 2 affidavit*, **submit the Option 1 Affidavit with a copy of your Naturalization Certificate.** Upon verification of your Citizenship status, you will no longer be required to file this Affidavit with your annual renewal.



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AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES
OPTION 1 VERIFICATION OF CITIZENSHIP

PLEASE PRINT CLEARLY. ALL INFORMATION MUST BE COMPLETED. YOUR SIGNATURE MUST BE NOTARIZED.

AFFIDAVIT OF:

Applicant's Name: First, Middle, Last

Social Security Number

Print Applicant's Name

of lawful age, being first duly sworn, upon oath states, under penalty of perjury, as follows:

I AM A UNITED STATES CITIZEN.

(NOTARY SEAL)

X 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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AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES
OPTION 2 VERIFICATION OF QUALIFIED ALIEN STATUS

PLEASE PRINT CLEARLY. ALL INFORMATION MUST BE COMPLETED. YOUR SIGNATURE MUST BE NOTARIZED.
AFFIDAVIT OF:

Applicant's Name: First, Middle, Last

Applicant's USCIS Number, Alien Registration Number, or Form I-94 Number
ATTACH A LEGIBLE COPY OF THE FRONT AND BACK OF THE FEDERAL DOCUMENT THAT ENTITLES YOU TO WORK IN THE UNITED STATES. WE WILL ACCEPT A COPY OF YOUR PERMANENT RESIDENT (GREEN) CARD.

Applicant's Social Security Number

Applicant's Date of Birth

Applicant's Nationality (Country of Origin)

Print Applicant's Name

of lawful age, being first duly 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.**

(NOTARY SEAL)

X _____
Signature of Applicant

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