



OSBCB 312 (11/18)

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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

MARY FALLIN
 Governor
 SHERRY G. LEWELLING
 Executive Director

DEMONSTRATOR AFFIDAVIT
This form must accompany the Application for Demonstrator License (Form 311).

This form must be notarized. Answer all questions completely. Submit a current 2x3 or similar full face photo.

Company Name:

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, by appointment, etc.?

YES

Name and Address of Establishment where Demonstrations will be made:

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):

| | |
|---|-------------------------------------|
| <input type="checkbox"/> Barber or Beauty Establishment | <input type="checkbox"/> Convention |
| <input type="checkbox"/> Seminar | <input type="checkbox"/> 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

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 _____