



OSBCB 321 (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 405.522.5961 • Fax 405.521.2440 • www.cosmo.ok.gov

J. Kevin Stitt
Governor
Sherry G. Lewelling
Executive Director

APPLICATION FOR INDIVIDUAL MASSAGE THERAPIST LICENSE
Affidavit Verifying Lawful Presence (Form 398 or 399) is part of this application and must be attached.

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

If applicable, indicate former or maiden name \_\_\_\_\_

Home Address \_\_\_\_\_
Residence address is required, PO Box is acceptable

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

If employed in an Establishment, write address below:

Establishment Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Have you ever been denied issuance of a license, pursuant to disciplinary proceedings, or ever been refused renewal of any license by any agency in Oklahoma or in any other state or country? [ ] Yes [ ] No If Yes, attach explanation.

Have you ever held a cosmetology, barber, facialist, or manicurist license in Oklahoma? [ ] Yes [ ] No

If YES, give details (license types, dates held, names licensed under): \_\_\_\_\_

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

Have you ever been convicted of a felony? [ ] Yes [ ] No If Yes, documentation will be required.

A felony conviction will not necessarily disqualify you from obtaining a license.

FEES - Submit cashier's check or money order made payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.

[ ] Massage Therapist - \$50 [ ] Reciprocity Massage Therapist - \$65

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

- Application must be accompanied by the following:
[ ] Affidavit Verifying Lawful Presence (Form 398 or 399)
[ ] Birth certificate, driver's license, or other government-issued identification that shows that the applicant is at least eighteen (18) years of age
[ ] Proof of maintenance of current professional liability insurance for the practice of Massage Therapy (copy of policy acceptable)
[ ] Certificate or transcript of completion from a state-licensed massage school with at least five hundred (500) hours of formal education in massage therapy
[ ] Score report showing the applicant has passed the Massage and Bodywork Licensing Examination (MBLEx) or the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)
[ ] Current criminal history background report obtained from the Oklahoma State Bureau of Investigation (OSBI) that is dated within thirty (30) days from the date of application, must include name based, sex offender, and Mary Rippy Violent Offender searches
[ ] Full Face Photo taken within the last year, approximately 2" X 3"

Additional Requirements for Reciprocity

If certificate or transcript is from a school outside of Oklahoma, applicant must select the Reciprocity option. If licensed in another state, applicant must submit a certification/affidavit of records from the State Board or appropriate licensing agency where a license has been 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 current state license are not acceptable. Certification must be attached to the application in a sealed envelope or already on file with the Oklahoma State Board of Cosmetology and Barbering Board.

In what state(s) are you currently licensed? \_\_\_\_\_ License Number(s) \_\_\_\_\_

**APPLICATION FOR INDIVIDUAL MASSAGE THERAPIST LICENSE – PAGE 2**

**APPLICANT MUST COMPLETE ONE (1) OF THE STATEMENTS BELOW**

If applicant has **NOT** pled guilty, nolo contendere, or been convicted of any of the offenses listed below, complete Statement A. If applicant **HAS** pled guilty, nolo contendere, or been convicted of any of the offenses listed below, complete Statement B. A guilty plea or conviction does not necessarily disqualify the applicant from obtaining the license. If you have been convicted of a felony, you must submit a certified copy of the record of the Court with this application.

Statement A

I, \_\_\_\_\_, state, under penalty of perjury, that I have **NOT** pled guilty, nolo contendere, or been convicted of a felony in any jurisdiction; that I have not pled guilty, nolo contendere, or been convicted of a misdemeanor involving moral turpitude in any jurisdiction; or that I have not pled guilty, nolo contendere, or been convicted of a violation of Federal or State controlled dangerous substance laws in any jurisdiction.

Statement B

I, \_\_\_\_\_, state, under penalty of perjury, that I **HAVE** pled guilty, nolo contendere, or been convicted of one or more of the following: a felony in any jurisdiction; a misdemeanor involving moral turpitude in any jurisdiction; or a violation of Federal or State controlled dangerous substance laws in any jurisdiction. I understand that this statement does not necessarily disqualify me from obtaining this license.

***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 \_\_\_\_\_