



OSBCB 401 (01/19)

Empty 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
Reciprocity Department 405.522.7620 • Fax 405.521.2440 • www.cosmo.ok.gov

J. Kevin Stitt
Governor

Sherry G. Lewelling
Executive Director

APPLICATION FOR DOMESTIC RECIPROCITY
Affidavit Verifying Lawful Presence (Form 398 or 399) is 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: _____

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

For what type of license are you applying?
Include cashier's check or money order payable to OSBCB for the appropriate fee.
PERSONAL CHECKS ARE NOT ACCEPTED.
Table with license options: Barber \$65, Cosmetologist/Operator \$65, Facialist/Esthetician \$65, Hairbraiding Certification \$35, Manicurist \$65, Barber Instructor \$65, 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, 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, attach explanation.

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

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.

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).

Practicing 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.

(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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APPLICATION FOR DOMESTIC RECIPROCITY

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.

Reciprocity applicants will request a Certification of Records from the State Board or appropriate licensing agency where a current license is held. This is a legal document which contains licensing history, number of hours completed, and includes appropriate state seal and official signature.

Copies of a current state license are not acceptable.

The Certification must be on file with this office prior to submitting the application. If a State Board has issued a Certification directly to an applicant, the UNOPENED envelope containing the Certification may be submitted with the application. If the envelope has been opened, the Certification is void and will not be accepted.

Complete the attached Application for Domestic Reciprocity and the Affidavit Verifying Lawful Presence per the instructions on each form.

If applying for an Instructor Reciprocity License, applicant must submit a copy of their high school diploma, GED certificate, or other proof of post-secondary education.

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.

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.



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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