



OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING

2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107
Reciprocity Department 405.521.2441 • Fax 405.521.2440
www.cosmo.ok.gov

MARY FALLIN
GOVERNOR

SHERRY G. LEWELLING
EXECUTIVE DIRECTOR

APPLICATION FOR DOMESTIC RECIPROCITY LICENSE

The State Board of Cosmetology and Barbering may grant license by reciprocity, without examination, if:

- Applicant holds a current license from a state whose qualifications are substantially equal to Oklahoma's license requirements (having completed at least 1500 hours for cosmetologists or barbers, at least 600 hours for manicurists or facialists, or at least 1000 hours for instructors);

AND

- Applicant has passed the required State Board examinations for licensure;

AND

- Applicant has at least three (3) years licensed work experience.

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.

INSTRUCTIONS:

1. The enclosed reciprocity application must be completed, signed and notarized.
2. Applicant must complete the Affidavit Verifying Lawful Presence in the United States, as required by House Bill 1804. This form must be notarized. ANY APPLICATION RECEIVED WITHOUT THIS AFFIDAVIT WILL BE DENIED.
3. Applicant must submit a current (newer than one year), 2" x 3" full face photograph.
4. Submit money order or cashier's check for \$65 (includes \$60 for license and \$5 for Oklahoma Law, Rule and Regulation book) made payable to the Oklahoma State Board of Cosmetology and Barbering. *Personal checks are not accepted.*
5. Submit a certification/affidavit of your license records from the State Board or appropriate licensing agency where a current license is 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 a current state license are not acceptable. Certification must be either attached to the reciprocity application, or already on file with the Oklahoma State Board of Cosmetology and Barbering. If the certification is mailed to our office, we will contact the applicant upon receipt. If the certification is mailed directly to the applicant, it must be submitted in the unopened envelope mailed by that State. If the envelope containing the certification is opened before it reaches this office, the certification is void.
6. If applying for an Instructor Reciprocity License, applicant must submit a copy of their high school diploma or GED certificate.
7. Submit proof of at least 3 years salon experience. Use the Affidavit provided by the Board.
8. Applicants from a state that does not license practitioners must also show proof of completion of the required number of hours of cosmetology school instruction. Oklahoma only accepts hours from other State Boards or appropriate licensing agencies. Hours reported directly from schools outside Oklahoma are not accepted.
9. Submit all required documentation and fee to the address at top of page.

Once your completed application is received and accepted, your license will be issued as soon as possible, and will expire on the last day of your next birth month. Subsequent licenses are renewable annually and will expire on the last day of your birth month.

Please direct all inquiries to the Reciprocity Department at 405.521.2441.

It is a violation of Oklahoma Cosmetology Law for any out of state licensee to practice cosmetology in Oklahoma prior to obtaining his/her Oklahoma Cosmetology License.

**DO NOT MAIL INCOMPLETE APPLICATION OR DOCUMENTATION!
INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU AND WILL DELAY THE ISSUANCE OF YOUR LICENSE.**



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OFFICE USE ONLY
File Number
Expiration Date
RR/PVM

Affidavit Verifying Lawful Presence in the United States is part of this application and must be attached.

ANSWER ALL QUESTIONS COMPLETELY! Incomplete applications will be returned immediately and will delay licensing. Your reciprocity license will expire on the last day of your next birth month. Subsequent licenses are renewable annually, and will expire on the last day of your birth month.

Name of Applicant: Last First Middle

Maiden Name (if applicable):

Home Address: Street, Route or Box / Apartment Number City State Zip

Home Telephone: () Work Telephone: ()

Social Security Number: Date of Birth:

Attach Current Full Face Photo Here (Newer Than One Year)
Date of Photo:
Month/Day/Year

For what type of license are you applying?
Cosmetologist/Operator \$65
Facialist/Esthetician \$65
Hairbraiding Technician \$65
Manicurist \$65
Master Cosmetology Instructor \$65
In what state or country are you CURRENTLY licensed?
License Number License Expiration Date:
Have you ever held a cosmetology 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 school? Yes No

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, please explain. (You may use additional sheets if needed.)

Have you ever been convicted of a felony? Yes No Please note: A felony conviction does 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 cosmetology 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). Working 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 to the best of my knowledge and belief.

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 OF WORK EXPERIENCE

To be completed by an individual having knowledge of applicant's employment.

ABOUT THE APPLICANT:

Name of Applicant: _____

Name of Salon/Shop: _____ Name of Owner/Manager: _____

Salon Address (number and street, city, state, ZIP):

Experience dates: From _____ To _____
Month Day Year Month Day Year

Please verify and describe the work experience of the applicant (Be sure to include the applicant's specialty):

How long have you known the applicant? # Years: _____ # Months: _____ • Dates: From: _____ To: _____

When did the applicant begin practicing in the above mentioned specialty? Month: _____ Year: _____

How many hours per year did the applicant work? _____ Applicant was (CHECK ONE): ___ Full Time ___ Part Time

ABOUT YOU:

Your name: _____

Your address and telephone: _____

Applicant cannot sign this form! As an individual knowledgeable of the cosmetology experience of the above named person, I certify that the information listed above is true and correct:

Signature of individual validating this form

Print name of individual validating this form

(NOTARY SEAL)

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

**This form may be copied as needed to prove 3 years of recent salon experience.
The Board has the authority to contact this individual to verify all information given.**



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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.**