OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING

MARY FALLIN
GOVERNOR

SHERRY G. LEWELLING
EXECUTIVE DIRECTOR

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

QUESTIONNAIRE FOR FOREIGN RECIPROCITY LICENSE

The State Board of Cosmetology may grant license by reciprocity to applicants from outside the United States if all of the qualifications listed below are met.

Applicants for foreign reciprocity must schedule an appointment with the Executive Director, and must either be able to speak English or bring an interpreter to the interview. Applicants are required to present, in person, all of the documents listed below. All records must be certified, and translation to English must be attached to each document. Applicant must present ***original*** documents, not copies! Copies will be made free of charge at the appointment, if necessary.

Applicants for foreign reciprocity are not allowed to practice in Oklahoma until a license has been issued. Oklahoma does not issue temporary work permits to foreign reciprocity applicants.

Fee is not required at the interview. Applicant will be notified of any fees due after the Board reviews this application.

INSTRUCTIONS:

1. The enclosed reciprocity application must be completed, signed and notarized.
2. Applicant must provide an outline of curriculum or course of study completed.
3. Applicant must submit a current (newer than one year), 2" x 3" full face photograph.
4. Applicant must submit proof of an eighth grade education or equivalent, including the name and location of the school, dates attended, and any additional education achieved.
5. Applicant must provide proof of a current or permanent license from a country whose qualifications are substantially equal to those in force in Oklahoma at the time of application.
6. Applicant must submit proof of training in beauty culture. List curriculum covered and practiced, giving dates and location where training was obtained. If possible, submit a copy of your diploma.
7. Applicant must submit certified statements from previous employers, giving dates, places, and addresses of employment; or proof of having owned a salon.
8. Applicant must present a valid Social Security card at the interview! If applicant is not a United States Citizen, a valid Permanent Resident Card must also be presented at the interview. Applicant must submit proof of a permanent visa having been established in the United States.
9. **When all required documentation has been gathered, applicant must call the Board at 405.521.2441 and schedule an appointment with the Executive Director or their representative.**
10. Applicant must bring all documentation to the appointment.

The Board will review the application to determine whether the applicant is eligible for reciprocity, or must sit for the State Board Examination. Applicants will be notified of the Board's decision as soon as possible.

Please direct all inquiries to the Board office at 405.521.2441.

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OFFICE USE ONLY
File Number
Expiration Date
RR/PVM

APPLICATION FOR FOREIGN RECIPROCITY LICENSE

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 processing. If approved, 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	☐ Manicurist $65
☐ Facialist/Esthetician $65	☐ Master Cosmetology Instructor $65
☐ Hairbraiding Technician $65	

In what 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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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.**

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

OPTION 1 –VERIFICATION OF CITIZENSHIP

[PLEASE PRINT CLEARLY – ALL INFORMATION MUST BE COMPLETED AND YOUR SIGNATURE NOTARIZED]

Affidavit of

_____
[Applicant's Name – First, Middle, Last]

_____
[Social Security Number]

_____, of lawful age, being first duly sworn,
[Print Applicant's Name]

upon oath states, under penalty of perjury, as follows:

I AM A UNITED STATES CITIZEN.

_____
[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ___ day of _____,
20 _____.

_____
Notary

Commission Number: _____
My Commission Expires: _____
State of: _____
County of: _____

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OPTION 2 – AFFIDAVIT VERIFYING QUALIFIED ALIEN STATUS

[PLEASE PRINT CLEARLY – ALL INFORMATION MUST BE COMPLETED AND YOUR SIGNATURE NOTARIZED]

Affidavit of

_____

Applicant's Name [First, Middle, Last]

_____

Alien Registration Number of Form I-94 Number

NOTE: Attach a legible copy of the front and back of the federal document that entitles you to work in the USA. We will accept a front and back copy of your resident alien (green) card.

_____

Social Security Number

_____

Date of Birth

_____

Nationality [Country or Origin]

_____, of lawful age, being first duly [Applicant's Name]
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.

_____

[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ____ day of _____, 20 _____.

_____

Notary

Commission Number: _____
My Commission Expires: _____
State of: _____
County of: _____

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