



**OKLAHOMA STATE BOARD OF
COSMETOLOGY AND BARBERING**

2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107
Student Department 405.522.7621 • Fax 405.521.6846
www.cosmo.ok.gov

MARY FALLIN
GOVERNOR

SHERRY G LEWELLING
EXECUTIVE DIRECTOR

INSTRUCTOR STUDENT AFFIDAVIT - EMPLOYED
PROOF OF SALON/COSMETOLOGY PRACTICE EXPERIENCE

The Oklahoma State Board of Cosmetology and Barbering may credit for work experience in lieu of no more than five hundred (500) hours of school instructor training. (Title 59 O.S. §199.7 M(2)) Applicant must verify having been engaged in the practice for at least the preceding two (2) years. Proof of work experience must be documented on this affidavit by applicant's employer.

NOTICE: Work experience may be verified by the Board. Title 59 O.S. § 199.11 (c) of the Oklahoma Cosmetology and Barbering Statutes provides that it shall constitute a misdemeanor for any person to willfully make any false or fraudulent oath or affirmation in order to obtain student registration, certification of record or license. The misdemeanor is punishable by fine and/or imprisonment for each offense.

THE FOLLOWING AFFIDAVIT MUST BE COMPLETED BY ESTABLISHMENT OWNER/EMPLOYER:

This is to certify that _____ was in **my employ** for a period of _____ years and
_____ months from _____ to _____
day/month/year day/month/year
in _____, _____, _____ at
City County State

Name and address of Establishment

This affidavit must be signed before a Notary Public

I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.

(SEAL)

Print Name of Employer

Signature of Employer

Subscribed and sworn before me this _____ day of _____ 20 _____

State of _____ County of _____

My commission expires _____ Notary Public _____



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INSTRUCTOR STUDENT AFFIDAVIT - SELF-EMPLOYED (Option 1)
PROOF OF COSMETOLOGY/BARBERING PRACTICE EXPERIENCE

The Oklahoma State Board of Cosmetology and Barbering may credit for work experience in lieu of no more than five hundred (500) hours of school instructor training. (Title 59 O.S. § 199.7 M(2)) Applicant must verify having been engaged in the practice for at least the preceding two (2) years. Proof of work experience must be documented on this affidavit by applicant's employer. A copy of applicant's tax returns which cover the same time period as specified in the sworn statement below (Option 1) **OR** by a sworn statement from your Banker or Accountant which states you owned and operated the above named shop during the specified time period (Option 2.) The attached State Board Affidavit is required for Banker or Accountant statement.

NOTICE: Work experience may be verified by the Board. Title 59 O.S. § 199.11 (c) of the Oklahoma Cosmetology and Barbering Statutes provides that it shall constitute a misdemeanor for any person to willfully make any false or fraudulent oath or affirmation in order to obtain student registration, certification of record or license. The misdemeanor is punishable by fine and/or imprisonment for each offense.

THE FOLLOWING AFFIDAVIT MUST BE COMPLETED BY ESTABLISHMENT OWNER APPLICANT:

This is to certify that I, _____ was **self-employed** for a period of _____ years and
_____ months from _____ to _____
day/month/year day/month/year
in _____, _____, _____ at
City County State

Name and address of Establishment

This affidavit must be signed before a Notary Public

I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.

(SEAL)

Print Name of Applicant

Signature of Applicant

Subscribed and sworn before me this _____ day of _____ 20 _____

State of _____ County of _____

My commission expires _____

Notary Public _____



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INSTRUCTOR STUDENT AFFIDAVIT - SELF-EMPLOYED (Option 2)

The following affidavit must be completed by the salon owner, applicant's Banker or Accountant. It must be attached to additional affidavit completed by the applicant. Time periods sworn to in both forms must be the same.

This is to certify that _____ did own and operate _____
Name of Establishment

located at _____ for a period of _____ years
Address of Establishment

and _____ months, from _____ to _____
Day/Month/Year Day/Month/Year

He/she has conducted business with this bank or accounting firm during the time period specified above.

Bank Account Number _____

This affidavit must be signed before a Notary Public

I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.

(SEAL)

Signature of Accountant

Signature of Bank Official

Print Name of Accountant

Print Name of Bank Official

Print Name of Accounting Firm

Print Name of Bank

Print Address of Accounting Firm

Print Address of Bank

Subscribed and sworn before me this _____ day of _____ 20 _____

State of _____ County of _____

My commission expires _____

Notary Public _____