



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

PROCEDURE FOR OBTAINING A FOREIGN RECIPROcity LICENSE

The State Board of Cosmetology and Barbering 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 their 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 the 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. **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.**
9. Applicant must bring all documentation, a valid Social Security Card, and a current photo identification card to the appointment. If Applicant is not a United States Citizen, Applicant must also present a valid Permanent Resident Card and proof of a permanent visa having been established in the United States.
10. Applicant must be prepared to sit for a 25 question State Rules, Regulations, and Law test.
11. Applicant may be required to provide evidence that documents have been verified by a creditable agency as recognized by the Board, at the Applicant's expense.

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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Table with 2 columns: 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.

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? Barber \$65, Cosmetologist/Operator \$65, Facialist/Esthetician \$65, Hairbraiding Technician \$65, Manicurist \$65, Master Barber Instructor \$65, Master Cosmetology Instructor \$65. In what country are you CURRENTLY licensed? License Number License Expiration Date: Have you ever held a cosmetology license in Oklahoma? If YES, please give details. 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, 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]

[Date of Birth]

_____, 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: _____

SEAL