

OKLAHOMA STATE BOARD OF COSMETOLOGY

CRIMINAL HISTORY QUESTIONNAIRE

Title 59 O.A. § 199.11 Denial of License, Certificate or Registration (1) states in part as follows:

The State Board of Cosmetology is hereby authorized to deny, revoke, suspend, or refuse to renew any license, certificate, or registration that is authorized to issue under the Oklahoma Cosmetology Act for any of the following causes:

1. Conviction of a felony as shown by a certified copy of the record of the court

It is not the Board's intent to cause any undue hardship to any licensee or cosmetology licensee candidate. The Board has the authority and responsibility to ensure that all licensees are not a threat to the general public and practicing cosmetology in a safe manner. This criminal history questionnaire is designed to give the Board information in order to make an informed decision regarding licensure.

Full Name: _____

Address: _____
 Street City State Zip

Phone: _____ Date of Birth: _____

Social Security Number: _____ - _____ - _____

State and County where convicted: _____

Date crime committed: _____

Exact crime you were convicted of: _____

What exactly did you do (crime) and why? (If you need more space, please attach additional sheets)

Sentence or action imposed by the court: _____

Are you currently on probation? Yes ____ No ____

If so, list your reporting officer's name and phone number : _____

Are you currently on parole? Yes ____ No ____
If so, list your reporting officer's name and phone number : _____

Have you ever been the subject of disciplinary action by any licensing agency with regard to any professional license? Yes ____ No ____

Attach certified copies of the court records regarding your conviction, including the Information or Indictment, Judgment and Sentence, and Rules and Conditions of Probation or Parole, the date of discharge, as well as a statement from the probation or parole officer (if applicable).

Please explain why you believe the Board should grant you a cosmetology license. Attach additional sheets if necessary

Intentional failure to provide full and accurate information could result in delay of issuance or denial of your license.

I solemnly swear that the above information is true and correct to the best of my knowledge and belief.

Signature

Signed or attested before me on the _____ day of _____, 20 _____.

Notary Public Signature

- S E A L -

State of _____
County of _____
My commission expires _____
Commission number _____