APPLICATION 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 be able to speak English. Applicants are required to present all of the documentation listed below. All records must be certified, and translation to English must be attached to each document. If any documents are not to remain in the Board's possession, you must bring photocopies which will be retained by the Board.

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

INSTRUCTIONS:

1. The enclosed reciprocity application must be completed, signed and notarized.

2. The enclosed affidavit of beauty school or apprenticeship training must be completed, signed and notarized.

3. Applicant must submit a current (newer than one year), 2" x 3" full face photograph.

4. Submit proof of an eighth grade education or equivalent. State 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. 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. Submit a certified statement from an official of your country stating that, if you were still in that country, you would be eligible to practice cosmetology.

8. Submit certified statements from previous employers, giving dates, places, and addresses of employment; or proof of having owned a salon.

9. Submit proof of a permanent visa having been established in the United States. Bring your passport.

10. 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.

11. Bring all documentation and a cashier's check or money order for $65.00 with you to the appointment. Personal checks are not accepted.

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 each year.

Please direct all inquiries to the Board office at 405.521.2441.
APPLICATION FOR 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 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
☐ Manicurist $65
☐ Facialist/Esthetician $65
☐ 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 Law Title 59 O.S. Section 199.11 (f).

Working in Oklahoma on an out of state license is a misdemeanor under Oklahoma Cosmetology 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 __________________________

Oklahoma State Board of Cosmetology
2401 NW 23rd Street, Suite 84
Oklahoma City, OK 73107-2453
Reciprocity Department 405.522.7620 • Fax 405.521.2440
www.cosmo.ok.gov

OFFICE USE ONLY
File Number
Expiration Date
RR/PVM

APPLICATION FOR RECIPROCITY LICENSE

CONFIRMATION PAGE

File Number
Expiration Date
RR/PVM

Signature of Applicant

Subscribed and sworn before me this ____________________ day of __________________, 20____
State of __________________ County of _______________________
Commission #________________________
My commission expires __________________________ Notary Public __________________________

Oklahoma State Board of Cosmetology
2401 NW 23rd Street, Suite 84
Oklahoma City, OK 73107-2453
Reciprocity Department 405.522.7620 • Fax 405.521.2440
www.cosmo.ok.gov
CERTIFICATION OF RECORDS FOR FOREIGN RECIPROCITY

TO BE COMPLETED BY APPLICANT IN ENGLISH

The Cosmetology records of the country of ____________________ set forth the following information in regard to my records.

First, middle and last name of applicant

City

Country

Preliminary education:

Name and address of school

grade

year

High School Education:

Name and address of school

grade

year

Beauty Culture Education/Apprentice Training:

Name of Shop Owner

Shop Address

Length of training in months

date graduated

Beauty School Training:

Name and address of Beauty School

Months in training

credit in hours

date graduated

I hereby certify that I, ___________________________________________ took the examination administered by (name of applicant )

the Division of Cosmetology of ____________________________ in _______________.  I further (country) (ddmmyy)

I further certify that I obtained a general average of _________and was issued a license for the year of ____________, which has been kept in force up to and including the year ____________.  I further certify that I have been a law-abiding cosmetologist and have a good record in the Country of _____________________.

This form 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 Applicant

Subscribed and sworn before me this ____________ day of ___________________________ 20 ______

State of ______________ County of ____________________________

My commission expires ___________________________ Notary Public ___________________________
NOTICE!
URGENT!
IMMEDIATE RESPONSE REQUIRED!

Effective Nov. 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 a.m. to 4:00 p.m., 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]

_______________________________________, 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 ______.

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: Applicant must 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]

I, ___________________________________________, 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: __________________________

S E A L