Oklahoma State Board of Cosmetology

2401 NW 23rd Street, Suite 84
Oklahoma City, OK 73107-2453
Licensing Department 405.522.7619 • Fax 405.521.2440
www.cosmo.ok.gov

BRAD HENRY
GOVERNOR

SHERRY G. LEWELLING
EXECUTIVE DIRECTOR

DEMONSTRATOR LICENSE INFORMATION

A Demonstrator is a person who is not licensed by this state as a Cosmetologist or Instructor and who demonstrates any cosmetic preparation. The person shall be required to obtain a Demonstrator license from the Board before making such demonstrations. If demonstration is performed before the license has been applied for, a penalty fee of $10.00 is due. Application forms must be completed in detail in order for the license to be issued.

Demonstrator license is required to be posted in the location where cosmetic demonstration is performed.

Demonstrator licenses expire annually on the last day of licensee's birth month. Licenses must be renewed on or before the expiration date. At renewal time, detach the renewal application from the license, complete it, and submit with the renewal fee to the office of the Board. **DO NOT SEND THIS INITIAL DEMONSTRATOR LICENSE APPLICATION FORM FOR RENEWAL.**

INSTRUCTIONS:

1. The Application for Individual Cosmetology License must be completed and notarized.

2. The Demonstrator License Affidavit must be completed and notarized.

3. Applicant must complete the Affidavit Verifying Lawful Presence in the United States. This form must be notarized. ANY APPLICATION RECEIVED WITHOUT THIS AFFIDAVIT WILL BE DENIED.

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

5. Applicant must submit a $20.00 fee, payable by cashier's check or money order. Personal checks are not accepted.

The demonstrator license does not provide for door to door selling. Demonstration of eye lash, eye brow and hair tint, permanent wave product(s), facial or any other preparation requiring extensive training for proper use is prohibited unless such demonstration is for persons who have had at least 1500 hours of appropriate training and are currently licensed. Any place where demonstration is given for the purpose of advertising or selling cosmetics must be licensed by the Board as a Cosmetic Studio or Beauty Salon. Information and application forms are available from the Board.

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APPLICATION FOR INDIVIDUAL COSMETOLOGY LICENSE

PLEASE PRINT NAME AND HOME ADDRESS IN THIS BOX

File #_____
(office use only)

▶ **Applicant, Notify This Office Immediately of Any Change of Address**

If applicant's name has changed, legal documentation is *required.*
Write former name below:

_____

Social Security #: _____ Telephone: _____ Birth Date: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No Having 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.

If employed in a Salon, write address below:

_____
Salon Name Salon's Address City State Zip Code

▶ **FEES** - Send Cashier's Check or Money order made payable to OSBC. **PERSONAL CHECKS ARE NOT ACCEPTED**.

☐ Cosmetologist - $25.00	☐ Master Instructor - $30.00	☐ Hair Braiding Technician - $25.00
☐ Manicurist - $25.00	☐ Manicurist Instructor - $30.00	☐ Cosmetician - $25.00
☐ Facialist - $25.00	☐ Facialist Instructor - $30.00	☐ Demonstrator - $20.00

▼ ▼ ▼ **Application must be signed before a Notary Public or it will be returned to you!** ▼ ▼ ▼

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 _____

(Notary Publics are available to you at most banks and tag agencies)

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DEMONSTRATOR LICENSE AFFIDAVIT

- **THIS FORM MUST BE NOTARIZED.**
- **ANSWER ALL QUESTIONS IN ORDER FOR A LICENSE TO BE ISSUED.**
- **APPLICANT MUST SUBMIT A CURRENT, 2" X 3" FULL FACE PHOTOGRAPH.**

Company Name: _____

List Products and Brand Names you will Demonstrate:

_____

_____

Do you understand that all Demonstrations of Cosmetics MUST be performed in either a licensed Cosmetic Studio or a licensed Beauty Salon, that this license does not allow for Demonstrators to be done in the homes of the general public, by appointment, etc.? ☐ **YES**

Name and Address of Beauty Salon/Cosmetic Studio where Demonstration will be made:

_____

_____

Do you understand that you may not charge for your services? ☐ **YES**

Do you understand that a Demonstrator may not place hands on public when performing demonstration services? ☐ **YES**

Staple Current ~2" x 3"
Full Face Photo Here
(Newer Than One Year)

Date of Photo:

_____
Month/Day/Year

Your Demonstrator license will be used for: (if applicable, please check below)

☐ Trade Shows	☐ Convention
☐ Seminar	☐ Beauty School

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

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.

_____
Print Name of Demonstrator

(SEAL)

_____
Signature of Demonstrator

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

State of _____ County of _____

My commission expires _____ Notary Public _____

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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]

_____
[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: 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]

_____, 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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