



Oklahoma State Board of Cosmetology

2401 NW 23rd Street, Suite 84
Oklahoma City, OK 73107-2453
www.cosmo.ok.gov

BRAD HENRY
GOVERNOR
SHERRY G. LEWELLING
EXECUTIVE DIRECTOR

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.**

<input type="checkbox"/> Cosmetologist - \$25.00	<input type="checkbox"/> Master Instructor - \$30.00	<input type="checkbox"/> Hair Braiding Technician - \$25.00
<input type="checkbox"/> Manicurist - \$25.00	<input type="checkbox"/> Manicurist Instructor - \$30.00	<input type="checkbox"/> Cosmetician - \$25.00
<input type="checkbox"/> Facialist - \$25.00	<input type="checkbox"/> Facialist Instructor - \$30.00	<input type="checkbox"/> 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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2401 NW 23rd Street, Suite 84
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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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