APPLICATION FOR DOMESTIC RECIPROcity LICENSE

The State Board of Cosmetology may grant license by reciprocity, without examination, if:

• Applicant holds a current license from a state whose qualifications are substantially equal to Oklahoma’s license requirements (having completed at least 1500 hours for basic cosmetologists, at least 600 hours for manicurists or facialists, or at least 1000 hours for instructors);

AND

• Applicant has passed the required State Board examinations for licensure;

AND

• Applicant has at least three (3) years licensed work experience.

Any applicant who do not meet the above criteria is not eligible for licensure by reciprocity without examination. Such applicants must complete all Oklahoma requirements for licensure. Cosmetology school hours acquired in another state may be transferable. Please contact the Board office for more information.

INSTRUCTIONS:

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

2. Applicant must complete the Affidavit Verifying Lawful Presence in the United States, as required by House Bill 1804. This form must be notarized. ANY APPLICATION RECEIVED WITHOUT THIS AFFIDAVIT WILL BE DENIED.

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

4. Submit money order or cashier’s check for $65.00 (includes $60.00 for license and $5.00 for Oklahoma Law, Rule and Regulation book) made payable to the Oklahoma State Board of Cosmetology. Personal checks are not accepted.

5. Submit a certification/affidavit of your license records from the State Board or appropriate licensing agency where a current license is held. This is a legal document furnished by the State Board with licensing history, number of hours completed, and will include appropriate state seal and official signature. Copies of a current state license are not acceptable. Certification must be either attached to the reciprocity application, or already on file with the Oklahoma State Board of Cosmetology. If the certification is mailed to our office, we will contact the applicant upon receipt. If the certification is mailed directly to the applicant, it must be submitted in the unopened envelope mailed by that State. If the envelope containing the certification is opened before it reaches this office, the certification is void.

6. If applying for an Instructor Reciprocity License, applicant must submit a copy of their high school diploma or GED certificate.

7. Submit proof of at least 3 years salon experience. Use the Affidavit provided by the Board.

8. Applicants from a state that does not license practitioners must also show proof of completion of the required number of hours of cosmetology school instruction. Oklahoma only accepts hours from other State Boards or appropriate licensing agencies. Hours reported directly from schools outside Oklahoma are not accepted.

9. Submit all required documentation and fee to the address at top of page.

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.

Please direct all inquiries to the Reciprocity Department at 405.522.7620.

It is a violation of Oklahoma Cosmetology Law for any out of state licensee to practice cosmetology in Oklahoma prior to obtaining his/her Oklahoma Cosmetology License.
APPLICATION FOR RECIPROCITY LICENSE

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: ________________

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
AFFIDAVIT OF WORK EXPERIENCE
To be completed by an individual having knowledge of applicant’s employment.

Name of Applicant: __________________________________________________________

Name of Salon/Shop: ___________________________ Name of Owner/Manager: __________

Salon Address (number and street, city, state, ZIP): ____________________________________________

Experience dates: From ____________  __________  ____________      To ____________  __________  ____________

Please verify and describe the work experience of the applicant (Be sure to include the applicant’s specialty):

_______________________________________________________________________________________________________

______________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

Based on your personal knowledge of the above named applicant:

How long have you known the applicant?  # Years: _________  # Months: __________ • Dates: From: ________ To: ________

When did the applicant begin practicing in the above mentioned specialty? Month: _________________ Year: ____________

How many hours per year did the applicant work? ______________   Applicant was (CHECK ONE): ____ Full Time ____ Part Time

Your name: ______________________________________________________________________________________________

Your address and telephone: ________________________________________________________________________________

_______________________________________________________________________________________________________

REMINDER: Applicant cannot sign this form! As an individual knowledgeable of the cosmetology experience of the above named person, I certify that the information listed above is true and correct:

Signature of individual validating this form __________________________________________________________

Print name of individual validating this form __________________________________________________________

(NOTARY SEAL)

Subscribed and sworn before me this ____________ day of ____________, 20________

State of __________________ County of __________________

Commission #__________________________ Notary Public ________________________

My commission expires ___________________________

This form may be copied as needed to prove 3 years of recent salon experience. The Board has the authority to contact this individual to verify all information given.
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: ___________________________________________

S E A L
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: ______________________________________

S E A L