OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING

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

MARY FALLIN
GOVERNOR

SHERRY G.LEWELLING
EXECUTIVE DIRECTOR

APPLICATION FOR INDIVIDUAL LICENSE

PLEASE PRINT NAME AND HOME ADDRESS IN THIS BOX

Include City, State and Zip Code

File #_____
(Office Use Only)

If applicant's name has changed since becoming a student, legal documentation is required. Photocopy of driver's license or marriage license is acceptable. Write former or maiden name below, if applicable:

_____

Social Security #: _____ Phone #: _____ 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 an Establishment, write address below:

_____
Establishment Name Address City State ZIP Code

FEES - Send Cashiers Check or money order made payable to OSBCB. **PERSONAL CHECKS ARE NOT ACCEPTED.**

☐ Barber - $25	☐ Hairbraiding Technician - $25	☐ Facialist Instructor - $30
☐ Cosmetician - $25	☐ Manicurist - $25	☐ Manicurist Instructor - $30
☐ Cosmetologist - $25		☐ Master Barber Instructor - $50
☐ Facialist - $25		☐ Master Cosmetology Instructor - $50

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 _____

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NOTICE!
URGENT!
IMMEDIATE RESPONSE REQUIRED!

Effective November 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 AM to 4:00 PM, 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]

_____
[Date of Birth]

_____, 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: 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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