Date of Photo:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

AOD

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**OSBCB FORM 112**Revised 08/24



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| **OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING**  **ADVISORY BOARD ON MASSAGE THERAPY** |
| **2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453**  **Student Department 405.521.2441• Oklahoma.gov/cosmo** |

**J. KEVIN STITT**

**Governor**

**Leah Longest**

**Board Chair**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_ Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Soci Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
 Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **If apprentice is less than 18 years of age, attach a copy of Birth Certificate or other legal proof of age**

APPRENTICE INFORMATION

APPRENTICESHIP APPLICATION AND AFFIDAVIT

*RESIDENCE ADDRESS REQUIRED BY LAW (§59-199.3-B-3). PO BOX IS ACCEPTABLE*

ESTABLISHMENT INFORMATION

Establishment where training will occur: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License File Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Soci Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Establishment Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N Name of Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 For which course is this Apprenticeship being offered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach 2x2 Photo Here

Tape, Do Not Staple

Photo must be newer than 1 year

Are textbooks and reference material for apprentice training as required by the Board are in place in the   
 establishment?  Yes  No If no, material may be obtained from Milady Publishing Company,

PO Box 12519, Albany, NY 12212-2519.

Is all equipment required by the Board in place and operable in the establishment?  Yes  No  
  
 Has the apprentice been provided with a kit complete with minimum equipment?  Yes  No  
  
 Does the apprentice have previously accumulated training hours?  Yes  No   
 If yes, provide details, including school names and dates.

I understand that the Instructor may not charge the apprentice for training.  Yes  No

I understand that the apprentice may not receive payment for patron services performed while in training.

Yes  No

Date of Photo:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I understand the apprentice must wear a professional uniform, and badge provided by the Board.

Yes  No

I understand that the badge and any unused Board forms must be returned to the Board upon course completion, or withdrawal or other termination.  
  Yes  No

I understand that the apprentice must submit a $20 inspection fee to the Board for apprentice registration, and for two copies of the Board rules, regulations and law book.  Yes  No

I understand that the Instructor and apprentice are to be interviewed, and that the Instructor must answer a questionnaire specific to Board rules,   
regulations, and law pertaining to the apprenticeship program.  Yes  No

*We solemnly swear that the foregoing statements are true and correct.*

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Signature of Apprentice***

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Signature of Establishment Owner***

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Signature of Instructor, if other than Establishment Owner***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Date***

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Signatures Witnessed by State Board Inspector***