**OSBCB FORM 311**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**  **License Department 405.521.2441 • Oklahoma.gov/cosmo** |

**J. KEVIN STITT**

**Governor**

**Leah Longest**

**Board Chair**

**APPLICATION FOR DEMONSTRATOR LICENSE  
Affidavit Verifying Lawful Presence (Form 390) is part of this application and must be attached.**

**Include cashiers check or money order for $25 payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.**

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

Hfff Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cvcsds City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Socia Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***This Demonstrator License will be used for (Check below if applicable):***   |  |  | | --- | --- | | Barber or Beauty Establishment | Convention | | Seminar | Trade Show |   Have you ever held a cosmetology or barber license in Oklahoma?  Yes  No  If YES, give details (license types, dates held, names licensed under):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If NO, have you ever been enrolled in an Oklahoma cosmetology school?  Yes  No  If employed in an Establishment, write address below:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Establishment Name Address City ZIP*  List Products and Brand Names you will demonstrate:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Demonstrations of Cosmetics MUST be performed either in licensed Cosmetic Studios or licensed Beauty or Barber Establishments. Demonstrations may NOT be done in the homes of the general public or by appointment. Demonstrators may not charge for services performed.  Demonstrators may not place hands on the public when performing demonstrations. |

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, attach explanation.*

Are you receiving government assistance, or are you at 140% or less of poverty level? Yes No *If Yes, include documentation.*

Have you ever been convicted of a felony? Yes No A felony conviction will 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 license or registration in Oklahoma are grounds for refusal, revocation or suspension of license or registration*

*under Oklahoma Cosmetology and Barbering Law Title 59 O.S. Section 199.11 (f).*

*Practicing in Oklahoma on an out of state license is a misdemeanor under Oklahoma Cosmetology and Barbering Law Title 59 O.S. Section 199.6 (c).*

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

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ***Signature of Applicant***

Notary Seal Here

Subscribed and sworn before me this \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_ .

State of \_\_\_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_

Commission #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Photo:

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

Attach 2x2 Photo Here

Tape, Do Not Staple

Photo must be newer than 1 year