**OSBCB FORM 311**Revised 08/24



|  |
| --- |
| **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 • www.Oklahoma.gov/cosmo** |

**J. KEVIN STITT**

**Governor**

**Leah Longest**

**Board Chair**

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

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

Submit $5 fee for certification. This form must be notarized

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

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

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

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

Ig Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| Attach Current ~2" X 2"  Full Face Photo Here  (Newer Than One Year)  **Date of Photo:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Month/Day/Year** |

****

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.**

**If employed in an Oklahoma Cosmetology or Barbering Establishment, write name and address below:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

*ESTABLISHMENT NAME ADDRESS CITY/ZIP*

Notary Seal Here