

--	--	--	--	--	--	--	--	--	--



OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
ADVISORY BOARD ON MASSAGE THERAPY
2401 NW 23rd Street, Suite 74, Oklahoma City, OK 73107-2453
License Department 405.521.2441 • Oklahoma.gov/cosmo

J. KEVIN STITT
Governor

Leah Longest
Board Chair

APPLICATION FOR INDIVIDUAL LICENSE
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.

First Name _____ Middle Initial _____ Last Name _____

Home Address _____ Apt # _____

RESIDENCE ADDRESS REQUIRED BY LAW (559-199.3-B-3). PO BOX IS ACCEPTABLE

City _____ State _____ ZIP _____

Social Security Number _____ Phone _____ Date of Birth: _____

Email Address: _____

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

Fees: Submit cashiers check or money order payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.

<input type="checkbox"/> Barber - \$40	<input type="checkbox"/> Cosmetician - \$40	<input type="checkbox"/> Cosmetologist - \$40
<input type="checkbox"/> Facialist - \$40	<input type="checkbox"/> Manicurist - \$40	<input type="checkbox"/> Facialist Instructor - \$45
<input type="checkbox"/> Manicurist Instructor - \$45	<input type="checkbox"/> Master Barber Instructor - \$65	<input type="checkbox"/> Master Cosmetology Instructor - \$65
<input type="checkbox"/> Threading Technician - \$40		

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:

ESTABLISHMENT NAME

ADDRESS

CITY/ZIP

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

X _____
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 AND BARBERING
ADVISORY BOARD ON MASSAGE THERAPY
 2401 NW 23rd Street, Suite 74, Oklahoma City, OK 73107-2453
 License Department 405.522.7619 • www.cosmo.ok.gov

J. KEVIN STITT
Governor

Leah Longest
Board Chair

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

This form is required by law with several other Agency applications.
READ AND FOLLOW INSTRUCTIONS CAREFULLY!

INSTRUCTIONS FOR COMPLETION OF THIS AFFIDAVIT

If the applicant is a United States citizen, check the box to the left of the statement, "I am a United States citizen."

If the applicant is NOT a United States citizen, check the box to the left of the statement, "I am a qualified alien under the Immigration and Nationality Act, and I am lawfully present in the United States." Qualified aliens must also submit documents that support their status, such as a front and back copy of INS Form I-551 (commonly referred to as a green card) or a copy of INS form I-94. The Board will review the completed form and may demand additional information and status documentation as needed to comply with this law. Qualified aliens must file a new Affidavit annually with license renewals.

Qualified aliens who have become United States Citizens since their last license renewal must submit a copy of their Naturalization Certificate.

First Name _____ Middle Name _____ Last Name _____

Social Security Number _____ Date of Birth: _____

* If the applicant is NOT a United States citizen, provide USCIS or Alien Registration Number: _____

* If the applicant is NOT a United States citizen, list Country of Origin: _____

WARNING!

A FALSE STATEMENT ON THIS DOCUMENT IS PUNISHABLE BY UP TO 5 YEARS IN PRISON

Within the context of the execution of this form, the term 'penalty of perjury' means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false, is a crime in Oklahoma, and may be punishable by a term of incarceration of no more than five (5) years in prison.

Print Applicant's Name Here: _____
 of lawful age, being first duly sworn, upon oath states, *under penalty of perjury*, as follows by the box checked below:

- I am a United States Citizen.
- I am a Qualified Alien under the Immigration and Nationality Act, and I am lawfully present in the United States.

Applicant's Signature X _____ Date: _____