OSBCB FORM 311

Revised 08/22



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 405.522.7619 · www.cosmo.ok.gov

J. KEVIN STITT Governor

MALENA CURTSINGER Executive Director

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 Na	ame
Home Address		Apt #
		State ZIP
Social Security Number	Phone	Date of Birth:
	This Demonstrator Licens	e will be used for (Check below if applicable):
	Barber or Beauty Establishment	Convention
	Seminar	☐ Trade Show
Attach 2x2 Photo Here Tape, Do Not Staple	Have you ever held a cosmetology or barber license in Oklahoma? Yes No If YES, give details (license types, dates held, names licensed under):	
Photo must be newer than 1 year		
	If NO, have you ever been enrolled in If employed in an Establishment, writ	an Oklahoma cosmetology school? Yes No te address below:
	Establishment Name Address City ZIP	
	List Products and Brand Names you will demonstrate:	
Date of Photo: / /	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.	
license by any agency in Oklahoma or in a Are you receiving government assistance Have you ever been convicted of a felony. If you have been convicted of a felony, you Fraudulent statements made to obtain a licens under Oklahoma Cosmetology and Barbering L	ny other state or country? Yes No e, or are you at 140% or less of poverty level? Yes No A felony conviction will no u must submit a certified copy of the recor se or registration in Oklahoma are grounds for re aw Title 59 O.S. Section 199.11 (f).	? Yes No If Yes, include documentation. ot necessarily disqualify you from obtaining a license.
I solemnly swear that the foregoing	statements are true and correct.	
X		
Signature of Applicant		
Subscribed and sworn before me thi	s day of	. 20
State of County of		
Commission #		
My commission expires		Notary Seal Here
Notary Public		