

DO NOT WRITE ABOVE THIS LINE



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 • Fax 405.521.2440 • www.cosmo.ok.gov J. Kevin Stitt Governor

Sherry G. Lewelling Executive Director

## APPLICATION FOR HAIRBRAIDING CERTIFICATION

Affidavit Verifying Lawful Presence (Form 398 or 399) is part of this application and must be attached.

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

Address			
Residence address is required; PO Box is acc	•		
		State	ZIP
Security Number	Phone	Date of Bi	rth:
,			
you on government assistance, or at 14	.0% or less of poverty level?		Attach Current ~2" X 2" Full Face Photo Here (Newer Than One Year)
e you ever been convicted of a felony? lony conviction will not necessarily disq ou have been convicted of a felony, you		of the Court	Date of Photo:
n this application.			Month/Day/Year
malayad in an Establishment wester addition	rocs holowy		
	ress below:  Address	City	State ZIP
mployed in an Establishment, write add		,	State ZIP
ablishment Name	Address  Demnly swear that the foregoing statement  X	its are true and correct.	State ZIP
ablishment Name	Address  Slemnly swear that the foregoing statemen	its are true and correct.	State ZIP
(NOTARY SEAL)  Subscribed and sworn before me	Address  Plemnly swear that the foregoing statement  X  Signature of Applicant  this day of	ets are true and correct.	
(NOTARY SEAL) Subscribed and sworn before me	Address  Plemnly swear that the foregoing statement  X  Signature of Applicant  this day of	ets are true and correct.	



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AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES FORM 398 – VERIFICATION OF UNITED STATES CITIZENSHIP (If you are NOT a United States Citizen, use Form 399)

This form is required by law with several other applications. Read all instructions carefully!

Effective November 1, 2007, Oklahoma law requires all natural persons fourteen (14) years of age or older applying for or renewing a license to verify their lawful presence in the United States by executing a sworn affidavit indicating that the person is either a United States citizen, United States national, a legal permanent resident alien, or a qualified alien (56 O.S. Supp. 2007 § 71).

Complete and submit the appropriate affidavit. LICENSE APPLICATION OR RENEWAL MAY BE DENIED, SUSPENDED OR REVOKED FOR FAILURE TO COMPLETE AND RETURN THIS AFFIDAVIT AS REQUIRED BY LAW. Faxed copies are not accepted.

#### INSTRUCTIONS FOR COMPLETION OF THE AFFIDAVIT FORM

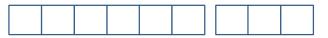
If you are a United States citizen (by either birth or naturalization) or a United States national, you must complete the **Option 1 Affidavit (Form 398)**.

If you are a legal permanent resident alien, or otherwise qualified alien, you must submit the **Option 2 Affidavit (Form 399)**. You must also submit documents that support your qualified alien status, such as a front and back copy of your Permanent Resident Alien Card (green card) or a copy of your 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. **A new Option 2 Affidavit must be filed annually with your renewal.** 

The Affidavit must be notarized. The Board office maintains notary public on staff, and will notarize this Affidavit free of charge.

If you are a legal permanent resident alien, or otherwise qualified alien who has become either a United States citizen or United States national since you last filed an Option 2 affidavit, submit the Option 1 Affidavit with a copy of your Naturalization Certificate. Upon verification of your Citizenship status, you will no longer be required to file this Affidavit with your annual renewal.





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AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES
OPTION 1 – VERIFICATION OF CITIZENSHIP

## PLEASE PRINT CLEARLY. ALL INFORMATION MUST BE COMPLETED. YOUR SIGNATURE MUST BE NOTARIZED.

	AFFIDA	AVIT OF:	
	Applicant's Name	: First, Middle, Last	
	Social Secu	rity Number	
	Print Appli	cant's Name	·,
of lawful age, being first dul	y sworn, upon oa	th states, under pe	nalty of perjury, as follows:
	I AM A UNITED	STATES CITIZEN.	
NOTARY SEAL)	Signature of	Applicant	
subscribed and sworn before me this state of County of	day of		, 20
commission #County of			
My commission expires		Notary Public	



OSBCB ABMT
OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING ADVISORY BOARD ON MASSAGE THERAPY

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## AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES OPTION 2 – VERIFICATION OF QUALIFIED ALIEN STATUS

# PLEASE PRINT CLEARLY. ALL INFORMATION MUST BE COMPLETED. YOUR SIGNATURE MUST BE NOTARIZED. AFFIDAVIT OF:

	Applicant's Name: First, Middle, Last
ATTACH A LEGIBLE COPY OF THE FR	gistration Number, or Form I-94 Number RONT AND BACK OF THE FEDERAL DOCUMENT THAT ENTITLES YOU TO WORK IN EPT A COPY OF YOUR PERMANENT RESIDENT (GREEN) CARD.
	Applicant's Social Security Number
	Applicant's Date of Birth
	Applicant's Nationality (Country of Origin)
of lawful age, being first duly	y sworn, upon oath states, under penalty of perjury, as fol
I AM A QUALIFIED AL	IEN UNDER THE IMMIGRATION AND NATIONALITY ACT,
I AM A QUALIFIED AL	
I AM A QUALIFIED AL	IEN UNDER THE IMMIGRATION AND NATIONALITY ACT,
I AM A QUALIFIED AL	IEN UNDER THE IMMIGRATION AND NATIONALITY ACT,
I AM A QUALIFIED AL AND I AM	IEN UNDER THE IMMIGRATION AND NATIONALITY ACT, LAWFULLY PRESENT IN THE UNITED STATES.  X  Signature of Applicant
I AM A QUALIFIED AL AND I AM  STARY SEAL)  scribed and sworn before me this	IEN UNDER THE IMMIGRATION AND NATIONALITY ACT, LAWFULLY PRESENT IN THE UNITED STATES.   X Signature of Applicant day of, 20
I AM A QUALIFIED AL AND I AM	IEN UNDER THE IMMIGRATION AND NATIONALITY ACT, LAWFULLY PRESENT IN THE UNITED STATES.   X Signature of Applicant day of, 20