OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING

2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107
Student Department 405.522.7621 • Fax 405.521.6846
www.cosmo.ok.gov

MARY FALLIN
GOVERNOR

SHERRY G LEWELLING
EXECUTIVE DIRECTOR

INSTRUCTOR STUDENT AFFIDAVIT - EMPLOYED
PROOF OF COSMETOLOGY/BARBERING PRACTICE EXPERIENCE

The Oklahoma State Board of Cosmetology and Barbering may credit for work experience in lieu of no more than seven hundred (700) hours of school instructor training. (Title 59 O.S. §199.7 M(2)) Applicant must verify having been engaged in the practice for at least the preceding two (2) years. Proof of work experience must be documented on this affidavit by applicant's employer.

NOTICE: Work experience may be verified by the Board. Title 59 O.S. § 199.11 (c) of the Oklahoma Cosmetology and Barbering Statutes provides that it shall constitute a misdemeanor for any person to willfully make any false or fraudulent oath or affirmation in order to obtain student registration, certification of record or license. The misdemeanor is punishable by fine and/or imprisonment for each offense.

THE FOLLOWING AFFIDAVIT MUST BE COMPLETED BY ESTABLISMENT OWNER/EMPLOYER:

This is to certify that _____ was in **my employ** for a period of _____ years and

_____ months from _____ to _____
day/month/year day/month/year

in _____, _____, _____ at
City County State

_____.
Name and address of Establishment

This affidavit must be signed before a Notary Public

I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.

_____
Print Name of Employer

(SEAL)

_____
Signature of Employer

Subscribed and sworn before me this _____ day of _____ 20 _____

State of _____ County of _____

My commission expires _____ Notary Public _____

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INSTRUCTOR STUDENT AFFIDAVIT - SELF-EMPLOYED (Option 1)
PROOF OF COSMETOLOGY/BARBERING PRACTICE EXPERIENCE

The Oklahoma State Board of Cosmetology and Barbering may credit for work experience in lieu of no more than seven hundred (700) hours of school instructor training. (Title 59 O.S. § 199.7 M(2)) Applicant must verify having been engaged in the practice for at least the preceding two (2) years. Proof of work experience must be documented on this affidavit by applicant's employer. A copy of applicant's tax returns which cover the same time period as specified in the sworn statement below (Option 1) **OR** by a sworn statement from your Banker or Accountant which states you owned and operated the above named shop during the specified time period (Option 2.) The attached State Board Affidavit is required for Banker or Accountant statement.

NOTICE: Work experience may be verified by the Board. Title 59 O.S. § 199.11 (c) of the Oklahoma Cosmetology and Barbering Statutes provides that it shall constitute a misdemeanor for any person to willfully make any false or fraudulent oath or affirmation in order to obtain student registration, certification of record or license. The misdemeanor is punishable by fine and/or imprisonment for each offense.

THE FOLLOWING AFFIDAVIT MUST BE COMPLETED BY ESTABLISHMENT OWNER APPLICANT:

This is to certify that I, _____ was **self-employed** for a period of _____ years and

_____ months from _____ to _____
day/month/year day/month/year

in _____, _____, _____ at
City County State

_____.
Name and address of Establishment

This affidavit must be signed before a Notary Public

I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.

_____
Print Name of Applicant

(SEAL)

_____
Signature of Applicant

Subscribed and sworn before me this _____ day of _____ 20 _____

State of _____ County of _____

My commission expires _____ Notary Public _____

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INSTRUCTOR STUDENT AFFIDAVIT - SELF-EMPLOYED (Option 2)

The following affidavit must be completed by the salon owner, applicant's Banker or Accountant. It must be attached to additional affidavit completed by the applicant. Time periods sworn to in both forms must be the same.

This is to certify that _____ did own and operate _____
Name of Establishment

located at _____ for a period of _____ years
Address of Establishment

and _____ months, from _____ to _____.
Day/Month/Year Day/Month/Year

He/she has conducted business with this bank or accounting firm during the time period specified above.

Bank Account Number_____

This affidavit must be signed before a Notary Public

I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.

(SEAL)

_____ _____
Signature of Accountant ***Signature of Bank Official***

_____ _____
Print Name of Accountant ***Print Name of Bank Official***

_____ _____
Print Name of Accounting Firm ***Print Name of Bank***

_____ _____
Print Address of Accounting Firm ***Print Address of Bank***

Subscribed and sworn before me this _____ day of _____ 20 _____

State of _____ County of _____

My commission expires _____ Notary Public _____