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EXAM DATE _____



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

J. KEVIN STITT
Governor

MIMI CASEBOLT
Interim Executive Director

EXAM RE-REGISTRATION APPLICATION

Eligibility Requirements & Instructions:

1. Applicant must have completed the Board's prescribed course.
2. During April, May, and June, applicants may pre-register for the examination within 100 hours of completion of a course.
3. Submit \$50 exam fee payable by money order or cashier's check. PERSONAL CHECKS ARE NOT ACCEPTED.
4. Affidavit of Completion must be completed at bottom of exam registration form.
5. TEST DATE MAY NOT BE CHANGED EXCEPT FOR MEDICAL EMERGENCY OR DEATH IN FAMILY, WITH APPROVED DOCUMENTATION.

☐ I acknowledge that exam practical results will be emailed to the email address provided

Name _____ Email _____

Home Address _____ Apt _____ City _____ State _____ ZIP _____

Phone Number _____ Social Security Number _____

Date of Birth: Month _____ Day: _____ Year: _____

Please check your registered course:

<input type="checkbox"/> Barber	<input type="checkbox"/> Facialist	<input type="checkbox"/> Facialist Instructor	<input type="checkbox"/> Master Barber Instructor
<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Manicurist Instructor	<input type="checkbox"/> Master Cosmetology Instructor
<input type="checkbox"/> Cosmetologist (non-chemical)	<input type="checkbox"/> Barber (non-chemical)	<input type="checkbox"/> Eyelash Extension Technician	<input type="checkbox"/> Eyelash Extension Technician Instructor
<input type="checkbox"/> Blow drying/Styling	<input type="checkbox"/> Makeup Artist		

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

X _____
Signature of the applicant

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