

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

AOD \_\_\_\_\_



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

J. KEVIN STITT  
Governor  
  
Leah Longest  
Board Chair

**STUDENT REGISTRATION APPLICATION**

This form must be accompanied by copy of student contract, current photo, and proof of at least an 8th grade education.  
Registration effective for 2 years (if attending same course in same school). No hours will be credited until registration receipt is issued.

*I hereby make application as a student for the purpose of acquiring knowledge of the profession in:*

Name of Cosmetology/Barber School	Address	City	Zip
First Name _____	First Name _____	Middle Initial _____	Maiden Name _____
Social Security Number: _____	Date of Birth: Month _____	Day _____	Year _____
Home Address _____	City _____	State _____	Zip _____
Phone Number _____	Instructor Name: _____		
<small>RESIDENCE ADDRESS REQUIRED BY LAW (§59-199.3-B-3). PO BOX IS ACCEPTABLE</small>			
Signature of Instructor: X _____			

**If applicant is less than 18 years of age, attach a copy of Birth Certificate or other legal proof of age**

Name under which enrolled in public school: \_\_\_\_\_

Does Applicant hold a High School diploma or GED?  Yes  No If no, highest grade completed: \_\_\_\_\_ Date of graduation or withdrawal: \_\_\_\_\_

**If Applicant holds an expired Oklahoma license, answer the following three questions:**

In what year were you last licensed? \_\_\_\_\_ Last School attended, with dates: \_\_\_\_\_

List any previous names under which you were licensed: \_\_\_\_\_

Attach 2x2 Photo Here  
Tape, Do Not Staple

Photo must be newer than 1 year

Date of Photo:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

SCHOOL USE ONLY		
Please check the Student type:		
<input type="checkbox"/> New Student	<input type="checkbox"/> Re-Registration	<input type="checkbox"/> Transfer
Please check the Student's registered course:		
<input type="checkbox"/> Barber	<input type="checkbox"/> Facialist	<input type="checkbox"/> Facialist Instructor
<input type="checkbox"/> Master Barber Instructor	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Manicurist Instructor
<input type="checkbox"/> Cosmetologist		<input type="checkbox"/> Cosmetician
<input type="checkbox"/> Master Cosmetology Instructor		<input type="checkbox"/> Additional/Review Hours
For how many hours is the Student registered? _____		
Last School Attended: _____ Last Year Attended: _____		

*I will faithfully obey any and all requirements of law, sanitation, rules and regulations of the State Board of Cosmetology and Barbering. I have read and received a copy of the School Contract. I certify that the above photo is of me, and 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 \_\_\_\_\_

