OSBCB FORM	112
Revised 10/24	

			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

Leah Longest Board Chair

APPRENTICESHIP APPLICATION AND AFFIDAVIT

	APPRENTICE INFORMATION					
ast Name First I	ame Middle Initial Maiden Name	e				
cial Security Number:	Phone Number					
lome Address	City State	Zip				
RESIDENCE ADDRESS REQUIRED BY LAW (§59-195) Pate of Birth: Month Day f apprentice is less than 18 years of age, attach a copy	G-B-3). PO BOX IS ACCEPTABLE Year Email Address: Of Birth Certificate or other legal proof of age					
	ESTABLISHMENT INFORMATION					
stablishment where training will occur:	License File Nu	mber:				
reet Address	City	Zip				
establishment Owner:	Phone:					
lame of Instructor:	Instructor Email Address:					
For which course is this Apprenticeship being offered?	Total Hours:					
Attach 2x2 Photo Here Tape, Do Not Staple Photo must be newer than 1 year Date of Photo:	Are textbooks and reference material for apprentice training as required by the Board are in place in the establishment?					
	I understand the apprentice must wear a professional uniform, and badge parties of the No Ist be returned to the Board upon course completion, or withdrawal or other	ŕ				
Yes No Noerstand that the apprentice must submit a \$20 inspecti	on fee to the Board for apprentice registration, and for two copies of the Boar	d rules regulations and law bo				