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**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

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

RESIDENCE ADDRESS REQUIRED BY LAW (§59-199.3-B-3). PO BOX IS ACCEPTABLE

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth: \_\_\_\_\_

For what course(s) is the Applicant seeking credit?

<input type="checkbox"/> Barber	<input type="checkbox"/> Cosmetologist/Operator	<input type="checkbox"/> Facialist/Esthetician
<input type="checkbox"/> Barber Instructor	<input type="checkbox"/> Cosmetology Instructor	<input type="checkbox"/> Manicurist

If Applicant has already selected an Oklahoma Cosmetology or Barbering School, list school name below:

\_\_\_\_\_

Upon review and acceptance of the Certification or Transcript, Applicant will be notified of credit hours granted.

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

X \_\_\_\_\_  
Signature of Applicant