| OSBCB F | FORM  |
|---------|-------|
| Revised | 10/24 |





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

## **CERTIFICATION OF HOURS**

Use this form to request information regarding hours, schools, licenses or any other request.

Submit cashier's check or money order for \$10 PER CERTIFICATION made payable to OSBCB. Personal checks are not accepted.

| First Name   | Middle Initial  | Last Name                                   |       |                         |
|--|---|---|-------|-------------------------|
| Home Address   | REQUIRED BY LAW (§59-199.3-B-3). PO BOX IS ACC            | EPTABLE                                     |       |                         |
| City   |   |   | State | ZIP                     |
| Social Security Number                                       |   | Phone                                       |       |                         |
| Your Certific  | Certifications a<br>cation will be sent directly to eitho | re not issued to ind<br>er another State Bo |       | agency, or to a school. |
|  |   |   |       |                         |
| ☐ Please send Certificat                                     | cion to the following State:                              |   |       |                         |
| ☐ Please send Certification t                                |   |   |       |                         |
| ☐ Please send Certification t                                |   |   |       |                         |
| Please send Certification t                                  | to the following School:                                  |   |       |                         |
| Please send Certification t  Name of School:  School Address | to the following School:                                  |   |       |                         |
| Please send Certification t  Name of School:  School Address | to the following School:                                  |   |       |                         |