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OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING  
ADVISORY BOARD ON MASSAGE THERAPY  
2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453  
Exam Department 405.522.7618 · www.cosmo.ok.gov

J. KEVIN STITT  
Governor

MALENA CURTSINGER  
Executive Director

**EXAM REGISTRATION APPLICATION**

**Eligibility Requirements & Instructions:**

1. Applicant must have completed the Board's prescribed course.
2. During April, May, and June, applicant may pre-register for the examination within 100 hours of completion of a course.
3. Submit \$35 exam fee payable by money order or cashier's check. PERSONAL CHECKS ARE NOT ACCEPTED.
4. Affidavit of Completion (Form 199) must be submitted with exam registration form, pre-registration, and again upon course completion.
5. TEST DATE MAY NOT BE CHANGED EXCEPT FOR MEDICAL EMERGENCY OR DEATH IN FAMILY, WITH APPROVED DOCUMENTATION.

Name \_\_\_\_\_ Email \_\_\_\_\_ Written Test with PSI? \_\_\_\_\_  
FOR EXAM PACKET AND WORK PERMIT. WILL NOT BE SHARED. (\$35 FEE STILL APPLIES) YES OR NO

Home Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
RESIDENCE ADDRESS REQUIRED BY LAW (§59-199.3-B-3). PO BOX IS ACCEPTABLE

Phone Number \_\_\_\_\_ Alternate Mail Address \_\_\_\_\_

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"/> Cosmetician	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Manicurist Instructor	<input type="checkbox"/> Master Cosmetology Instructor
<input type="checkbox"/> Cosmetologist			

*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 \_\_\_\_\_



CHECK THIS BOX IF STUDENT HAS AN UNPAID BALANCE

**AFFIDAVIT OF COMPLETION OF COSMETOLOGY/BARBER SCHOOL COURSE OF STUDY**

This is to certify that \_\_\_\_\_, Registration Number \_\_\_\_\_,  
STUDENT NAME  
was in regular attendance at \_\_\_\_\_,  
SCHOOL NAME AND ADDRESS  
from \_\_\_\_\_ up to and including \_\_\_\_\_ Clock Hours Earned: \_\_\_\_\_ Credit Hours Earned: \_\_\_\_\_  
MONTH DATE YEAR MONTH DATE YEAR

**Please check the Student's registered course:**

<input type="checkbox"/> Barber	<input type="checkbox"/> Facialist	<input type="checkbox"/> Facialist Instructor	<input type="checkbox"/> Master Cosmetology Instructor
<input type="checkbox"/> Cosmetician	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Manicurist Instructor	<input type="checkbox"/> Additional Hours
<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Review Hours	<input type="checkbox"/> Master Barber Instructor	

X \_\_\_\_\_  
*Signature of Instructor*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
State of \_\_\_\_\_ County of \_\_\_\_\_  
Commission # \_\_\_\_\_  
My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_

