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EXAM DATE _____



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

J. KEVIN STITT
Governor

Leah Longest
Board Chair

EXAM RE-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 \$50 exam fee payable by money order or cashier's check. PERSONAL CHECKS ARE NOT ACCEPTED.
4. Affidavit of Completion must be completed at bottom of exam registration form.
5. TEST DATE MAY NOT BE CHANGED EXCEPT FOR MEDICAL EMERGENCY OR DEATH IN FAMILY, WITH APPROVED DOCUMENTATION.

Name _____ Email _____ Written Test with Prov? _____

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*

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