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EXAM DATE _____



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

RECIPROCITY EXAM REGISTRATION APPLICATION

The Reciprocity Exam is required if you meet one or more of the following criteria:

- You have completed a course of training in another state, with hours that meet Oklahoma requirements, but have not obtained a license.
- Your out of state license has been expired for less than five years.
- Your application for foreign reciprocity has been denied.
- You have a license in another jurisdiction but do not meet Oklahoma's criteria for reciprocity.

If any of these apply, obtain and submit a Certification of Records from the State Board or licensing agency where you have completed hours or obtained a license. Your Certification must be on file in this office prior to submitting this application. When we receive your fee and approve your application, you will be sent a notice advising you of date, time and place of exam, and supplies needed. You will also receive a temporary work permit.

Name _____ Email _____
FOR EXAM PACKET AND WORK PERMIT. WILL NOT BE SHARED.

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: _____

For what type of test are you applying? Check ONE BOX ONLY.

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



Date of Photo:
____ / ____ / ____

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 _____

