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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

**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.

**Submit \$50 exam fee, payable by money order or cashier’s check made payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED. TEST DATE MAY NOT BE CHANGED UNLESS DUE TO MEDICAL EMERGENCY OR DEATH IN THE FAMILY WITH APPROVED DOCUMENTATION.**

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 \_\_\_\_\_

