OSBCB 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 Reciprocity Department 405.521.2441 • www.oklahoma.gov/cosmo J. KEVIN STITT Governor

Leah Longest Board Chair

CERTIFICATION OF RECORDS REQUEST

Use this form to request proof of Oklahoma License for another school or jurisdiction.

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

First Name						
Certifications are not sent to individuals. We will submit your Certification directly to either another State Board or licensing agency, or to a school. am requesting a Certification of Records for my Oklahoma lindicate the license type (Cosmetologist, Barber, Manicurist, Cosmetology Instructor, etc.) to be certified Please send Certification to the following State: Please send Certification to the following School: Name of School: State ZIP	First Name	Middle Initial	Last Name			
Social Security Number Phone Certifications are not sent to individuals. We will submit your Certification directly to either another State Board or licensing agency, or to a school. am requesting a Certification of Records for my Oklahoma indicate the license type (Cosmetologist, Barber, Manicurist, Cosmetology Instructor, etc.) to be certified Please send Certification to the following State: Please send Certification to the following School: Name of School: State ZIP	Home Address) BY LAW (§59-199.3-B-3). PO BOX IS ACCEPT	TABLE			
Certifications are not sent to individuals. We will submit your Certification directly to either another State Board or licensing agency, or to a school. am requesting a Certification of Records for my Oklahoma	City			State	ZIP	
We will submit your Certification directly to either another State Board or licensing agency, or to a school. am requesting a Certification of Records for my Oklahoma	Social Security Number		Phone			
Please send Certification to the following State: Please send Certification to the following School: Please send Certification to the following School: School Address State ZIP ZIP FEE - Submit cashier's check or money order for \$10 PER LICENSE made payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTE	We will submit you				agency, or to a school.	
Please send Certification to the following School: Name of School: School Address City State State ZIP FEE - Submit cashier's check or money order for \$10 PER LICENSE made payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTE	am requesting a Certification of Record					license(s
Name of School:School AddressState ZIP FEE - Submit cashier's check or money order for \$10 PER LICENSE made payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTE	Please send Certification to the follows:	owing State:				
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	City			State	ZIP	
X	FEE - Submit cashier's check or n	noney order for \$10 PER LICEI	NSE made payable	to OSBCB. PERS	ONAL CHECKS ARE NOT	ACCEPTED.
	X					