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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
Student Department 405.522.7619 • www.oklahoma.gov/cosmo

J. KEVIN STITT
Governor
MALENA CURTSINGER
Executive Director

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 _____ Middle Initial _____ Last Name _____

Home Address _____
RESIDENCE ADDRESS REQUIRED BY LAW (§59-199.3-B-3). PO BOX IS ACCEPTABLE

City _____ State _____ ZIP _____

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.

I am requesting a Certification of Records for my Oklahoma _____ license(s).
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: _____

School Address _____

City _____ State _____ ZIP _____

FEE - Submit cashier's check or money order for \$10 PER LICENSE made payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.

X _____

SIGNATURE OF APPLICANT