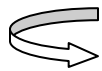


OCCUPATIONAL LICENSING DIVISION
OKLAHOMA STATE DEPARTMENT OF HEALTH
1000 NE 10TH STREET
OKLAHOMA CITY, OK 73117-1299

DATE: _____

I, _____, CONTROL # _____.
(print name) (barber license number)

AM REQUESTING A DUPLICATE OF MY BARBER LICENSE



PLEASE INDICATE REASON FOR REQUESTING THE DUPLICATE.

X _____
Signature of Applicant

APPLICANT'S MAILING ADDRESS:

NOTARY
SEAL:

PHONE # _____

NOTARY:

This _____ Day of _____, _____

Commission Exp. _____

This form must be signed before a notary. Please mail completed form to:
Attention Barber Program
Oklahoma State Department of Health
1000 NE 10th Street
Oklahoma City, OK 73117-1299