



OSBCB 101 (01/19)

Grid of boxes for identification numbers

AOD

DO NOT WRITE ABOVE THIS LINE



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 405.522.7621 • Fax 405.521.2440 • www.cosmo.ok.gov

J. Kevin Stitt
Governor
Sherry G. Lewelling
Executive Director

STUDENT REGISTRATION APPLICATION

This form must be accompanied by copy of student contract, current photo (newer than one year) and proof of at least an 8th grade education.
Registration effective for 2 years (if attending same course in same school). No hours will be credited until registration receipt is issued.
I hereby make application as a student for the purpose of acquiring knowledge of the profession in:

Name of Cosmetology/Barber School Address City Zip

Last Name First Name Middle Initial Maiden Name

Social Security Number (Required for Registration - Driver License Number will not be accepted):

Home Address City State Zip

Home Phone Number Date of Birth: Month Day Year

Instructor Name: Instructor Signature:

(If 18 years of age or under, attach a copy of birth certificate or other proof of age)

Name under which enrolled in public school:

High School graduate/GED? Yes No If no, highest grade completed: Date of graduation or withdrawal

If Expired Licensee, please submit copy of last license held:

List any previous names under which you may have been licensed:

Last School attended and dates: State the exact year you last held a license:

Attach Current 2" X 2" Full Face Photo Here (Tape, no staples) (Newer Than One Year)
Date of Photo:
Month/Day/Year

SCHOOL USE ONLY
Please check the Student type:
New Student Re-Registration Transfer
Please check the Student's registered course:
Barber Manicurist Facialist Instructor
Cosmetician Additional/Review Hours Manicurist Instructor
Cosmetologist Master Barber Instructor
Facialist Master Cosmetology Instructor
For how many hours is the Student registered?
Last School Attended: Last Year Attended:

I will faithfully obey any and all requirements of law, sanitation, rules and regulations of the State Board of Cosmetology and Barbering. I have read and received a copy of the School Contract. I certify that the above photo is of me, and I solemnly swear that the foregoing statements are true and correct.

(NOTARY SEAL) X Signature of Applicant

Subscribed and sworn before me this day of 20
State of County of
Commission #
My commission expires
Notary Public