



OSBCB 171 (01/19)

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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

CERTIFICATION OF HOURS REQUEST
*Use this form to request proof of Oklahoma Student Hours for another school or jurisdiction.
 If you have an Oklahoma LICENSE, use the Certification of Records Request (Form 371).*

First Name _____ Initial _____ Last Name _____

Home Address _____
Residence address is required. 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.

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 made payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.

X _____
Signature of Applicant