



OSBCB 201 (9/19)

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EXAM DATE \_\_\_\_\_

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  
 Exam Department 405.522.7618 • Fax 405.521.2440 • www.cosmo.ok.gov

J. Kevin Stitt  
 Governor  
 Sherry G. Lewelling  
 Executive Director

### EXAM REGISTRATION APPLICATION

#### Eligibility Requirements & Instructions:

1. Applicant must have completed the Board's prescribed course.
2. During April, May, and June, applicant may pre-register for the examination within 100 hours of completion of a course.
3. Submit \$35 exam fee, payable by money order or cashier's check. PERSONAL CHECKS ARE NOT ACCEPTED.
4. Affidavit of Completion (Form 199) must be submitted with exam registration form, pre-registration, and again upon course completion.
5. TEST DATE MAY NOT BE CHANGED UNLESS DUE TO MEDICAL EMERGENCY OR DEATH IN THE FAMILY WITH APPROVED DOCUMENTATION.

Name \_\_\_\_\_ Written Testing with PSI? \_\_\_\_\_  
 (fee still applies) Yes or No

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
*Residence address is required; PO Box is acceptable*

Home Phone Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

#### Please check your registered course:

<input type="checkbox"/> Barber	<input type="checkbox"/> Facialist	<input type="checkbox"/> Facialist Instructor	<input type="checkbox"/> Master Barber Instructor
<input type="checkbox"/> Cosmetician	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Manicurist Instructor	<input type="checkbox"/> Master Cosmetology Instructor
<input type="checkbox"/> Cosmetologist			

I solemnly swear that the foregoing statements are true and correct.

X \_\_\_\_\_

(NOTARY SEAL)

*Signature of Applicant*

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

CHECK THIS BOX IF STUDENT HAS AN UNPAID BALANCE

### AFFIDAVIT OF COMPLETION OF COSMETOLOGY/BARBER SCHOOL COURSE OF STUDY

This is to certify that \_\_\_\_\_, Registration Number \_\_\_\_\_,  
STUDENT NAME  
 was in regular attendance at \_\_\_\_\_  
SCHOOL NAME AND ADDRESS  
 from \_\_\_\_\_ up to and including \_\_\_\_\_ Clock Hours Earned: \_\_\_\_\_ Credit Hours Earned: \_\_\_\_\_  
MONTH DATE YEAR MONTH DATE YEAR

#### Please check the Student's registered course:

<input type="checkbox"/> Barber	<input type="checkbox"/> Facialist	<input type="checkbox"/> Facialist Instructor	<input type="checkbox"/> Master Cosmetology Instructor
<input type="checkbox"/> Cosmetician	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Manicurist Instructor	<input type="checkbox"/> Additional Hours
<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Review Hours	<input type="checkbox"/> Master Barber Instructor	

(NOTARY SEAL)

*Signature of Instructor*

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