



OSBCB 211 (01/19)

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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

RECIPROCITY EXAM REGISTRATION APPLICATION

The Reciprocity Exam is required if you meet one or more of the following criteria:

- You have completed a course of training in another state, with hours that meet Oklahoma requirements, but have not obtained a license.
- Your out of state license has been expired for less than five years.
- Your application for foreign reciprocity has been denied.
- You have a license in another jurisdiction but do not meet Oklahoma's criteria for reciprocity.

If any of these apply, obtain and submit a Certification of Records from the State Board or licensing agency where you have completed hours or a license. Your Certification must be on file in this office prior to submitting this application.

When we receive your fee and approve your application, you will be sent a notice advising you of date, time and place of exam, and supplies needed. You will also receive a temporary work permit.

Submit \$65 exam fee, payable by money order or cashier's check made payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.
 TEST DATE MAY NOT BE CHANGED UNLESS DUE TO MEDICAL EMERGENCY OR DEATH IN THE FAMILY WITH APPROVED DOCUMENTATION.

Name _____

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 _____

For what type of test are you applying? Check ONE BOX ONLY.

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

Attach Current ~2" X 3"
 Full Face Photo Here
 (Newer Than One Year)

I certify that this photo is of me.

Date of Photo:

Month _____ Day _____ Year _____

X _____
Signature of Applicant

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 _____