



OSBCB 371 (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 RECORDS REQUEST**  
*Use this form to request proof of Oklahoma License for another school or jurisdiction.  
 If you have Oklahoma student hours, but no license, use the Certification of Hours Request (Form 171).*

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.**

I am requesting a Certification of Records for my Oklahoma \_\_\_\_\_ license(s).  
Indicate the license type (Cosmetologist, Barber, Manicurist, Cosmetology Instructor, etc.) to be certified

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 PER LICENSE made payable to OSBCB. PERSONAL CHECKS ARE NOT ACCEPTED.**

X \_\_\_\_\_  
**Signature of Applicant**