OKLAHOMA STATE BOARD OF
COSMETOLOGY AND BARBERING
2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107
Exam Department 405.522.7618 • Fax 405.521.2440
www.cosmo.ok.gov

DATE OF EXAMINATION: ____________________________ (Office Use Only)

EXAM REGISTRATION APPLICATION

Eligibility Requirements & Instructions:
1. Applicant must have completed the Board's prescribed course.
2. Applicant may pre-register for the examination within 100 hours of the completion of a course (April, May, & June only).
3. Submit $35 exam fee, payable by money order or cashier's check. PERSONAL CHECKS ARE NOT ACCEPTED.
4. School Affidavit must be completed 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.

Name ____________________________________________

Home Address: ____________________________________________
Street City State Zip

Home Phone: __________ Business Phone (________)

Date of Birth: __________ Social Security Number: __________

Please check your registered course:

☐ Barber ☐ Facialist ☐ Facialist Instructor ☐ Master Barber Instructor
☐ Cosmetician ☐ Hairbraiding Technician ☐ Manicurist Instructor ☐ Master Cosmetology Instructor
☐ Cosmetologist ☐ Manicurist

I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.

(NOTARY SEAL)

Signature of Applicant

Subscribed and sworn before me this __________ day of ____________________________ 20 ______
State of __________ County of __________
Commission #____________________ Notary Public

My commission expires ____________________________

SCHOOL USE ONLY BELOW - AFFIDAVIT TO THE OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING:

This is to certify that

as Registration/File # ____________________________
was in regular attendance at ____________________________
with the School address of ____________________________

from the date of ____________________________
to and including the date of ____________________________
Clock Hours earned ____________________________
Credit Hours earned ____________________________

Please check the Student's registered course:

☐ Cosmetologist ☐ Facialist ☐ Master Cosmetology Instructor ☐ Manicurist Instructor
☐ Barber ☐ Cosmetician ☐ Barber Instructor ☐ Facialist Instructor
☐ Manicurist ☐ Hairbraiding Technician ☐ Additional Hours ☐ Review Hours

(NOTARY SEAL)

Signature of Instructor

Subscribed and sworn before me this __________ day of ____________________________ 20 ______
State of __________ County of __________
Commission #____________________ Notary Public

My commission expires ____________________________