



OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING

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

MARY FALLIN
GOVERNOR

SHERRY G. LEWELLING
EXECUTIVE DIRECTOR

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 cashiers 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:

<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"/> Hairbraiding Technician	<input type="checkbox"/> Manicurist Instructor	<input type="checkbox"/> Master Cosmetology Instructor
<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> 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 # _____
My commission expires _____ Notary Public _____

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

This is to certify that _____	from the date of _____
as Registration/File # _____	to and including the date of _____
was in regular attendance at _____	Clock Hours earned _____
with the School address of _____	Credit Hours earned _____

Please check the Student's registered course:

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

(NOTARY SEAL)

Signature of Instructor

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