



Oklahoma State Board of Cosmetology

2401 NW 23rd Street, Suite 84
Oklahoma City, OK 73107-2453
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 \$15.00 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 _____

Mailing Address: _____
Street City State Zip

Home Phone: (_____) _____ Business Phone (_____) _____

Date of Birth: _____ Social Security Number: _____

Please check your registered course:

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

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:

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 Instructor	<input type="checkbox"/> Facialist Instructor	<input type="checkbox"/> Review Hours
<input type="checkbox"/> Manicurist	<input type="checkbox"/> Hair Braiding	<input type="checkbox"/> Manicurist Instructor	<input type="checkbox"/> Cosmetician	<input type="checkbox"/> Additional 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 _____