



Oklahoma State Board of Cosmetology

2401 NW 23rd Street, Suite 84
Oklahoma City, OK 73107-2453
www.cosmo.state.ok.us

BRAD HENRY
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 and May 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 (____) _____

Cosmetology Course Completed _____ # of Hours Completed: _____

Date of Birth: _____ Social Security Number: _____

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

(NOTARY SEAL)

Signature of Instructor

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