



# 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  
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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 exam fee as indicated below, 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"/> Cosmetologist \$15	<input type="checkbox"/> Facialist \$15	<input type="checkbox"/> Master Cosmetology Instructor \$15	<input type="checkbox"/> Manicurist Instructor \$15
<input type="checkbox"/> Barber \$35	<input type="checkbox"/> Cosmetician \$15	<input type="checkbox"/> Barber Instructor \$50	<input type="checkbox"/> Facialist Instructor \$15
<input type="checkbox"/> Manicurist \$15	<input type="checkbox"/> Hairbraiding Technician \$15		

*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 \_\_\_\_\_