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OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
ADVISORY BOARD ON MASSAGE THERAPY
2401 NW 23rd Street, Suite 74, Oklahoma City, OK 73107-2453
Student Department 405.521.2441 • Oklahoma.gov/Cosmo

J. KEVIN STITT
Governor

Leah Longest
Board Chair

STUDENT REGISTRATION APPLICATION

This form must be accompanied by copy of student contract, current photo, and proof of at least an 8th grade education.
Registration effective for 2 years (if attending same course in same school). No hours will be credited until registration receipt is issued.

I hereby make application as a student for the purpose of acquiring knowledge of the profession in:

Name of Cosmetology/Barber School	Address	City	Zip
Last Name _____ First Name _____ Middle Initial _____ Maiden Name _____			
Social Security Number: _____ Date of Birth: Month _____ Day _____ Year _____			
Home Address _____ City _____ State _____ Zip _____			
Phone Number _____ Instructor Name: _____			
<small>RESIDENCE ADDRESS REQUIRED BY LAW (§59-199.3-B-3). PO BOX IS ACCEPTABLE</small>			
Signature of Administrator X _____ Instructor Email: _____			

If applicant is less than 18 years of age, attach a copy of Birth Certificate or other legal proof of age

Name under which enrolled in public school: _____

Does Applicant hold a High School diploma or GED? ☐ Yes ☐ No If no, highest grade completed: _____ Date of graduation or withdrawal: _____

If Applicant holds an expired Oklahoma license, answer the following three questions:

In what year were you last licensed? _____ Last School attended, with dates: _____

List any previous names under which you were licensed: _____

SCHOOL USE ONLY
Please check the Student type:

<input type="checkbox"/> New Student	<input type="checkbox"/> Re-Registration	<input type="checkbox"/> Transfer
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<input type="checkbox"/> Barber	<input type="checkbox"/> Facialist	<input type="checkbox"/> Facialist Instructor	<input type="checkbox"/> Master Barber Instructor
<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Manicurist Instructor	<input type="checkbox"/> Master Cosmetology Instructor
<input type="checkbox"/> Cosmetologist (non-chemical)	<input type="checkbox"/> Barber (non-chemical)	<input type="checkbox"/> Eyelash Extension Technician	<input type="checkbox"/> Eyelash Extension Technician Instructor
<input type="checkbox"/> Blow drying/Styling	<input type="checkbox"/> Makeup Artist		

Attach 2x2 Photo Here

Photo must be newer
than a 1 yr

I will faithfully obey any and all requirements of law, sanitation, rules and regulations of the State Board of Cosmetology and Barbering. I have read and received a copy of the School Contract. I certify that the above photo is of me, and I solemnly swear that the foregoing statements are true and correct.

X _____
Signature of Applicant

Subscribed and sworn before me this _____ day of _____, 20 _____.

State of _____ County of _____

Commission # _____

My commission expires _____ Notary Public _____

Notary Seal Here