ALABAMA BOARD OF COSMETOLOGY & BARBERING

RSA Union Building | 100 N. Union Street | Suite 324 | Montgomery, Alabama 36104
PO Box 301750 | Montgomery, Alabama 36130-1750
Phone | 334 242 1918 Toll Free | 1 800 815 7453

APPLICATION FOR APPRENTICE CHANGE OF SPONSOR OR SHOP

NON-REFUNDABLE FEE: \$25

Enclose a business check, money order, or cashier's check payable to ABOC in the amount of \$25. Personal checks are not accepted.

Current Apprentice Permit must be returned.

APPRENTICE INFORMATION					
Apprentice Name:				Apprentice Pe	ermit Number:
Last Name	First Name		Middle Initial		
Select Apprentice Permit 1	Гуре:				
Barber	Cosmetologist Esthetician		Manicurist	Natural Hair Stylist	
Mailing Address: Street or	PO Box		City	State	Zip Code
Last Four Digits of Social Security Number Home Phone No xxx-xx-			umber	Work or Cell N	lumber
		SPONSOR INFOR	MATION		
Former Sponsor Name:				License Numb	oer:
Last Name	First Name		Middle Initial		
New Sponsor Name:				License Numb	per:
Last Name	First Name		Middle Initial		
		SHOP INFORM	IATION		
Former Shop Name:				Shop License	Number:
New Shop Name: Phone Number:			Shop License Number:		
New Shop Mailing Addres	s: Street or PO Box		City	State	Zip Code
APPRENTICE AFFIDAVIT			SPONSOR AFFIDAVIT		
I have read and understand the rules and regulations contained in Chapter 250-X-4, Apprentices, <u>Alabama Administrative Code</u> . By my signature I certify under penalty of prosecution that I am either a citizen of the United States or legally present in the United States and authorized to work. I understand that providing false information on this application may result in revocation of the license and imposition of administrative penalties.			I have read and understand the rules and regulations contained in Chapter 250-X-4, Apprentices, Alabama Administrative Code. I understand that if the apprentice should stop training I am responsible for returning the apprentice permit along with the final report of earned hours to the Board office. I must be licensed for at least 5 years before I am eligible to sponsor an apprentice.		
Signature of Apprentice		Date	Signature of Sp	onsor	Date
SHC	P OWNER AFFIDAVIT				
I certify that the named salon has adequate facilities, supplies, and instructional materials to train the apprentice named above in all aspects of the selected practice.			Signature of Sh	op Owner	Date
FOR ABOCB USE ONLY:			<u> </u>		
ACCT DATE:			FEE:		
CHECK #:					
PMT TYPE:			TOTAL:		
NOTES:			BY:		
REVISED 1/2021					