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

LICENSE CERTIFICATION REQUEST

NON-REFUNDABLE FEE: \$25 (per certification requested)

Please include the items listed below:					
□ Copy of Government-issued Photo ID)				
□ Copy of Current Personal License					
□ Cashier's Check or Money Order in th	ne amount of \$25, or Po	ay Online at: ww	w.aboc.alabama.gov	V	
Please complete the following information. Type or	print legibly.				
Last Name:	First Name:		Middle Name or Initial:		
Mailing Address:	City:	State:	Zip Code:		
Phone Number: License Number:	Email Addr	Email Address:			
License Type Held in Alabama:					
Barber Cosmetologist Estheti	cian Esthetician/M	1anicurist Ma	anicurist		
Manicurist/Waxer	Natural Hair Stylist	Instructor	Instructor		
Please send certification of my Alabama License to the state of:					
	CERTIFICATION				
I hereby certify that the information listed	above is true and corre	ect to the best of	my knowledge.		
Signature of Licensee			Date		

FOR ABOCB USE ONLY:			
ACCT DATE:	FEE:		
CHECK #:			
PMT TYPE:	TOTAL:		
NOTES:	BY:		