



# 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 RECIPROCITY TO ALABAMA OR FROM ALABAMA COUNTY BARBER BOARD TO ALABAMA STATE BOARD

Please enclose the following items:

- Non-refundable fee of \$100, money order or cashier's check only. Personal checks are not accepted.  
OR (if not licensed for at least five years) a non-refundable fee of \$230(\$100 reciprocity fee, \$130 practical examination fee).
- Copy of a government-issued photo ID: Driver's license, State ID Card, Passport, or Military ID Card.
- Copy of a Work Authorization Document: Social Security Card, Permanent Resident Card/Green Card, Work Visa
- Passport-quality photo: White background, facing forward, head and shoulders, no hats or sunglasses. (A selfie which meets these criteria is acceptable)
- Copy of current license AND documentation showing at least five years of licensing. (See Code of Alabama §34-7B-7(c)(1)a,b,c,d.)

**Before the application can be processed, ABOCB must receive certification from the state or Alabama county barber board where you are currently licensed, with the exception of the Baldwin County Barber Commission in Baldwin County, Alabama.**

Please complete the following information. Type or print legibly.

Last Name:	First Name:	Middle Name or Initial:
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Mailing Address:	City:	State:	Zip Code:
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Date of Birth (MM/DD/YYYY):	Social Security Number:	Phone #:
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Email Address:
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State or Alabama Barber Board Transferring From:
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License Type Held in Other State/Alabama Barber Board:			
<input type="checkbox"/> Barber	<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Esthetician	<input type="checkbox"/> Esthetician/Manicurist
<input type="checkbox"/> Manicurist/Waxer	<input type="checkbox"/> Natural Hair Stylist	<input type="checkbox"/> Instructor (Type: _____)	

### CERTIFICATION

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.

_____ Signature of Applicant	_____ Date
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#### FOR ABOCB USE ONLY:

ACCT DATE:	FEE:
CHECK #:	
PMT TYPE:	TOTAL:
NOTES:	BY: