



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

Staple 2"x2" color passport photo or a clear, head-and-shoulders self-taken picture against a white background.

PERSONAL LICENSE RENEWAL - 2023-2025

RENEW ONLINE: www.aboc.alabama.gov

REQUIREMENTS

Money order, Cashier's check, In-State Shop Check ONLY. No personal checks accepted.

Include the following:

1. COMPLETELY FILL OUT THIS APPLICATION.
2. Personal License Non-Refundable Fee: \$100.00 Shampoo Assistant Permit Non-Refundable Fee: \$75.00
3. ONE 2"x2" professional passport photo - color, head-and-shoulders, full frontal view.

Name Changes require proof (copy of marriage/divorce certificate, gov't-issued photo ID).

Application MUST be postmarked by the last day of birth month.

A \$54.00 late fee will be due if postmarked after this date. NOT RESPONSIBLE FOR MAIL DELIVERY.

Last Name: _____ First Name: _____ Middle Initial: _____

License No.: _____ Type: _____ Expiration Date: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ County: _____ Zip: _____

Mailing Address (if different from above): _____ City: _____ State: _____ County: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____ Email Address: _____

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 Licensee: _____ Date: _____

No License is valid for a period of more than two years.

All personal licenses must be renewed by the last day of the licensee's birth month to avoid a late charge of \$54.00.

FOR ABOCB USE ONLY:

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