



# 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 FOR BARBER FROM ALABAMA COUNTY BARBER BOARD TO ALABAMA STATE BOARD NON-REFUNDABLE FEE: \$100

Please enclose the following items:

- Non-refundable fee of \$100, money order or cashier's check only. Personal checks are not accepted.
- Copy of a government-issued photo ID: Driver's license, State ID Card, Passport, or Military ID Card.
- Proof of Citizenship or Lawful Presence: Social Security Card, Permanent Resident Card (Green Card), or Work Visa
- Copy of current license from county in which you are licensed, if available.
- Passport-quality photo: White background, facing forward, head and shoulders, no hats or sunglasses. A selfie is acceptable which meets these criteria.)
- If licensed less than five years, the board will notify you if you are required to take a board-approved practical examination.

**Before the application can be processed, ABOCB must receive certification from the Alabama County Barber Board where you are currently licensed. Certifications should be sent directly to: [reciprocity@aboc.alabama.gov](mailto:reciprocity@aboc.alabama.gov)**

Please complete the following information. Type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name or Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

County Board Transferring From: \_\_\_\_\_

### 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

#### FOR ABOCB USE ONLY:

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