



**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

**COSMETOLOGIST TO BARBER APPLICATION**

Or

**COSMETOLOGIST INSTRUCTOR TO BARBER INSTRUCTOR**

**REQUIREMENTS**

1. Enclose a business check, money order, or cashier's check payable to ABOCB in the amount of \$50.00. Personal checks and Cash are not accepted.
2. Enclose a valid Driver's License or Government ID card, copy of social security card, and DHS authorization to work, if applicable.
3. Enclose proof of completion of 10 grades in school or equivalent - Diploma, GED, or Transcript.
4. Staple one 2" x 2" professional photo to this application (color, frontal head and shoulders view, no hats, no glasses).
5. Instructor must sign the Record of Completion.
6. Certificate or Letter with dates of 16 hours of shaving instruction, name of instructor, and name and signature of Certifying Barber Instructor.

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 license revocation and imposition of administrative penalties.

**LICENSEE INFORMATION**

Student Name:

Phone Number:

Email Address:

Student Mailing Address - Street:

City:

Zip:

Social Security Number:

Date of Birth:

License #:

Student Signature:

**ABOCB OFFICE USE ONLY**

ACCT DATE:

FEE:

NOTES:

CHECK#:

TOTAL:

PMT TYPE:

BY:

REVISED 7/2022