# ALABAMA BOARD OF COSMETOLOGY AND BARBERING

**PO Box 301750, Montgomery, AL 36130-1750**
**100 North Union Street, Suite 324, Montgomery AL 36104**
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## PERSONAL ADDRESS CHANGE

### REQUIREMENTS

**1.<u>This is NOT a License Renewal Form</u>.**
**2. There is no fee for Personal Change of Address.**
**3. Please send this form to the Board Office.**
**4. Your correct address is required for mailing purposes.**

_____ _____ _____ _____
**(Please Print) Last name** **First name** **Initial** **License Number**

_____ _____ _____
**Social Security Number** **Date of Birth** **Type of License/Permit (Apprentice, Pending Exam, Barber, etc.)**

_____ _____ _____
**(Area Code) Home Phone** **(Area Code) Work or Cell Phone** **E-mail address**

**FORMER ADDRESS:**

_____
**Address Street City State County Zip**

**NEW ADDRESS:**

_____
**Address Street City State County Zip**

_____ _____
**Signature of Licensee** **Date**

- **No license is valid for a period of more than two years**
- **All personal licenses must be renewed by last day of birth month to avoid late charge of $50.00**

**Revised 9/13. Replaces all previous forms**