ALABAMA BOARD OF COSMETOLOGY AND BARBERING
PO Box 301750, Montgomery, AL 36130-1750 ♦ 100 North Union St., Suite 324
Phone: 1-800-815-7453 ♦ Local: 334-242-1918 ♦ Fax: 334-242-1926 ♦ *www.aboc.alabama.gov*

APPRENTICE APPLICATION

Please Circle One: **Barber** **Cosmetology** **Esthetics** **Manicure** **Natural Hair Stylist**

REQUIREMENTS

1. **FEE: $75. Money Order, Cashier's Check, Shop Business Check Only. No Personal Checks**
2. **Copy of Current Driver's License (must be at least 16 years old) and Copy of Social Security Card**
3. **One 2" X 2" Passport Type Color Photo. No Snapshots, Glamour Shots or Computer Generated Photos**
4. **Proof of Completing 10 Grades in School or Equivalent -- Diploma, GED, Transcript, etc.**

Barber:	2,000 Hrs
Cosmetology:	3,000 Hrs
Esthetics:	2,000 Hrs
Manicure:	1,200 Hrs
NHS:	420 Hrs

PLEASE PRINT ALL INFORMATION AND SIGN IN THE APPROPRIATE AREAS

Apprentice Last Name | **First Name** | **Initial** | **Social Security #**

Address: Street | **City** | **Zip** | **Date of Birth**

E-mail Address | **Phone #** | **Other Phone #**

Apprentice Affidavit: ● I understand that I must complete the required hours of training under the named sponsor within the allotted period and not to exceed 8 hours in any day. If I change sponsors I will return my permit for a new permit and pay a fee of $25. ● I understand that I may have only three sponsor changes while training. ● I understand that a daily, monthly and cumulative record of my earned hours must be kept and submitted to the board office by the 15th day of the month following the month in which they are earned. ● I understand that hours not properly submitted will not be credited and may subject my sponsor to a fine. ● I understand that I and my sponsor are jointly responsible for sending my exam application to the Board office within 120 days after my training is completed. I understand that failure to schedule the exam may subject my sponsor to a fine. **I certify that I do not hold a current license in this field in another state or jurisdiction.**

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.

Signature of Apprentice **Date**

Have you held a license or apprentice permit before?
Yes _____ Number_____ No _____

Sponsor's Last Name | **First Name** | **Initial** | **License Number/Expiration Date** | **Social Security #**

Address: Street | **City** | **Zip** | **Phone #**

Sponsor Affidavit: ● **I agree to sponsor** the apprentice named above in the practice selected, both practical and theory, based on the most recent texts of approved textbooks, within the allotted period not to exceed 8 hours in one day in the named shop ● I may sponsor only one apprentice at a time, and must maintain a valid personal license while training said apprentice. ● **I must keep** a record of daily, monthly and cumulative earned hours and submit hours to the Board office by the 15th day of the month following the month in which hours are earned. ● I understand that hours not submitted as required may subject me and the shop named to a fine. I understand that if the apprentice should stop training **I am responsible** for returning the apprentice permit along with the final report of earned hours to the Board office. **I must be licensed at least 5 years before I am eligible to sponsor an apprentice.**

Signature of Sponsor **Date**

Shop Name | **Phone #** | **License #**

Shop Address: Street | **City** | **County** | **Zip**

Name of Shop Owner | **Social Security #**

Shop Owner Affidavit: I certify that the named salon has adequate facilities, supplies and instructional materials to train the apprentice named above in all aspects of the selected practice.

Signature of Shop Owner **Date**

OFFICE USE

Pyt _____

Type _____ Amt _____

Acc Date _____ By _____

Notes: _____

_____

Revised 6/27/2017 replaces all previous forms