ALABAMA BOARD OF COSMETOLOGY AND BARBERING

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

Staple here 2" x 2" professional color passport photo. May be purchased at CVS, Walgreens or other business that provides passport photo services. **No selfies or snapshots or glamour shots accepted.**

PERSONAL LICENSE RENEWAL 2016-2020
BARBER

REQUIREMENTS:

1. **COMPLETELY FILL OUT THIS APPLICATION**
2. **Fee: $80 Fee for 2016-18; $80 Fee for 2018-20 plus late fee of $50 = $210**
   ABSOLUTELY NO PERSONAL CHECKS OR CASH ACCEPTED
   ****Send Money Order, Cashier's/Certified Check or Shop Check ONLY****
   Payment will be returned if correct amount is not sent
3. **One 2" x 2" professional passport photo (color, head-and-shoulders, full frontal view. This may be purchased at CVS, Walgreens or other business that provides passport photo services)**

ON-LINE RENEWAL AVAILABLE AT: *www.aboc.alabama.gov*

RENEWAL NOT ACCEPTED IN BOARD OFFICE UNTIL BEGINNING OF YOUR BIRTH MONTH

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

_____
Address Street **City** **State** **County** **Zip**

_____
Mailing address if different from above

_____ _____ _____ _____ _____
License number **Type** **Exp Date** **Social Security Number** **Date of Birth**

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

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

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 Licensee **Date**

Application must be postmarked by last day of birth month; a $50.00 late fee will be due if postmarked after this date.
NOT RESPONSIBLE FOR MAIL DELIVERY

Revised 11/17. Replaces all previous forms

OFFICE USE ONLY
Ck# _____ **Py Type** _____
Fee _____ **Lt Chg** _____ **Total** _____
ACT DATE _____ **By** _____
Note:
_____