



**ALABAMA BOARD OF COSMETOLOGY AND BARBERING**

RSA Union Building  
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Montgomery, AL 36130-1750

334-242-1918 Office  
800-815-7453 toll free

334-242-1926 Fax  
*www.aboc.alabama.gov*

**License Certification Request**

**FEE: \$25.00 (money order or cashier's check only) per Certification requested**

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Cell Phone) (Work Phone) (Home Phone)

\_\_\_\_\_  
Record/License # E-mail Address

Please send certification of my Alabama license to the state of: \_\_\_\_\_

I am currently licensed as:

- |                             |                           |
|-----------------------------|---------------------------|
| _____Apprentice Hours       | _____Eyebrow Threader     |
| _____Barber                 | _____Instructor           |
| _____Cosmetologist          | _____Manicurist           |
| _____Esthetician            | _____Manicurist/Waxer     |
| _____Esthetician/Manicurist | _____Natural Hair Stylist |

Enclose a copy of: Current Alabama License, Social Security Card, Driver's License

I verify the information include above is true to the best of my knowledge.

\_\_\_\_\_  
Signature (required)

<b>ABOC USE ONLY</b>	
Ck# _____	Py Type _____
Fee _____	Lt Chg _____ Total _____
ACCT date _____	By _____
Note: _____	
_____	
_____	