



ALABAMA BOARD OF COSMETOLOGY AND BARBERING

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APPRENTICE MONTHLY RECORDING FORM

► Report Hours for Current Month Only ◀

REPORT MUST BE IN OFFICE BY 15TH DAY OF MONTH AFTER MONTH HOURS ARE EARNED

(Example: January hours due by February 15th, February hours due by March 15th)

Please print information and sign in appropriate places

Month: _____ Year: _____

Apprentice Name as it appears on your Apprentice Permit:

(Last Name) (First Name) Permit #
(RED number on Permit)

Shop Name: _____ Shop License # _____

Shop Address: _____

Type: ___ Barber ___ Cosmetologist ___ Esthetician ___ Manicurist ___ Natural Hair Stylist

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	Hours earned this month			
			Total hours earned to date			

I hereby certify the above hours are true and correct.

Apprentice Signature: _____

Sponsor Signature: _____ Date: _____

Sponsor Name: _____ Sponsor License # _____
(Last) (First)