



## ALABAMA BOARD OF COSMETOLOGY & BARBERING

RSA Union Building | 100 N. Union Street | Suite 324 | Montgomery, Alabama 36104

PO Box 301750 | Montgomery, Alabama 36130-1750

Phone | 334 242 1918 Toll Free | 1 800 815 7453

### APPLICATION FOR RECIPROCITY FOR BARBER FROM ALABAMA COUNTY BARBER BOARD TO ALABAMA STATE BOARD NON-REFUNDABLE FEE: \$100

**Please enclose the following items:**

- Non-refundable fee of \$100, money order or cashier's check, only. Personal checks are not accepted.
- Copy of a government-issued photo ID: Driver's License, State ID Card, Passport, or Military ID Card
- Copy of Work Authorization Document: Social Security Card, Permanent Resident Card/Green Card, Work Visa
- Copy of current license from county in which you are licensed. Expired licenses will not be accepted.
- Passport-quality photo: White background, facing forward, head and shoulders, no hats or sunglasses.
- A selfie is acceptable which meets the above listed criteria.

**Please complete the following information. Type or print legibly.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name or Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

County Board Transferring From: \_\_\_\_\_

#### CERTIFICATION

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. I understand that providing false information on this application may result in revocation of the license and imposition of administrative penalties.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR ABOCB USE ONLY:**

ACCT DATE: \_\_\_\_\_ FEE: \_\_\_\_\_  
CHECK #: \_\_\_\_\_  
PMT TYPE: \_\_\_\_\_ TOTAL: \_\_\_\_\_  
NOTES: \_\_\_\_\_ BY: \_\_\_\_\_

REVISED 2.2021