



ALABAMA BOARD OF COSMETOLOGY & BARBERING

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PERSONAL LICENSE APPLICATION FOR NAME AND/OR ADDRESS CHANGE

INSTRUCTIONS:

Section 1: Complete Section 1 in its entirety.

If you need a duplicate license, please complete the Request for a Duplicate Personal License.

Section 2: Name Changes

Write your new legal name in the space provided in Section 2. You must submit a copy of your driver's license, social security card, or other government issued identification, or legal document indicating your name change, such as a marriage license, court petition for name change, or certificate of naturalization. There is NO FEE for a name change.

Address/Phone/Email Address Changes

Write your new mailing address/phone number/email address in the spaces provided in Section 2. Your mail will be sent to this address. This can be a post office box. There is NO FEE for an address/phone/email address change.

SECTION 1

Name as it appears on your license/permit:

Last Name	First Name	Middle Name
Date of Birth (MM/DD/YYYY)	Social Security #	License/Permit Number

Select License/Permit Type:

- Apprentice
 Barber
 Cosmetologist
 Esthetician
 Esthetician/Manicurist
 Instructor
 Manicurist
 Manicurist/Waxer
 Natural Hair Stylist
 Shampoo Assistant
 Threader

SECTION 2

Change My Name (Documentation Required - See Instructions Above):

Last Name	First Name	Middle Name
Change My Address:	City	State
	County	Zip Code
Former Mailing Address if Changing Address:	City	State
	County	Zip Code

Change My Phone Number: _____ Change My Email Address: _____

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.

Applications without the signature of the licensee will not be processed.

Signature of Licensee _____ Date _____

FOR ABOCB USE ONLY:

ACCT DATE:	FEE:
CHECK #:	LATE CHARGE:
PMT TYPE:	TOTAL:
NOTES:	BY: