



**ALABAMA BOARD OF COSMETOLOGY AND BARBERING**

RSA Union Building  
100 N. Union Street, Suite 324  
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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: _____	
_____	
_____	