



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

LICENSE NOT RECEIVED REQUEST FORM

Complete the appropriate section for the license you are requesting. *Attach a copy of your gov't-issued photo ID for verification purposes.*

PERSONAL LICENSE

Last Name: First Name: Middle Initial: License Number:

Street Address: City: State: Zip:

Social Security No.: Phone Number:

SHOP LICENSE

Salon Name: License Number:

Mailing Address: City: State: Zip:

Physical Address (if different from mailing): City: State: Zip:

Owner's Name: Phone Number:

SCHOOL LICENSE

School Name: License Number:

Mailing Address: City: State: Zip:

Physical Address (if different from mailing): City: State: Zip:

Owner's Name: Phone Number:

CERTIFICATION

The records for the person or business named above indicate that the application for license was received in proper form with the correct fee. The license was mailed to the name and address on the application and has not been returned to this office as unclaimed or undeliverable.

If the address provided on this form is different from our records, a fee of \$25.00 will be charged.

I agree that if this license is found, I will immediately return it to the Board of Cosmetology.

Signature of Licensee: Social Security Number: Date:

FOR ABOCB USE ONLY:

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