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ALABAMA BOARD OF COSMETOLOGY & BARBERING RSA Union Building   100 N. Union Street   Suite 324   Montgomery, Alabama 36104 PO Box 301750   Montgomery, Alabama 36130-1750				
SEAT SE	Phone   334 242 1918 T	oll Free   1 80	0 815 7453	
APPLICATION FOR RECIPROCITY TO ALABAMA				
NON-REFUNDABLE FEE: \$100				
Before the application can be proc	essed, ABOCB must receive	certification from	m the state where you	are currently licensed.
Please enclose the following items:				
□ Non-refundable fee of \$100, money order or cashier's check only. Personal checks are not accepted.				
Copy of Current, Unexpired Driver's License, or Non-Driver ID Card				
Copy of Social Security Card				
Proof of US Citizenship or copy of naturalization papers, permanent work card if social security card requires DHS or INS Authorization to Work				
Name changes documented	d by marriage certificate, div	vorce decree, e	etc.	
□ One current 2" x 2" color passport photo. This may be purchased at any business which provides passport photo services. Photo must be in color, frontal view, head and shoulders shot. No hats or glasses.				
Copy of current license/certi	fication from other state			
Please complete the following infor	mation. 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:				
State Transferring From:				
License Type Held in Other State:				
Barber Cosmetologist Esthetician Esthetician/Manicurist Manicurist				
Manicurist/Waxer Natural Hair Stylist Instructor				
	CERTIFIC	CATION		
By my signature I certify under pend United States and authorized to wo revocation of the license and impo	rk. I understand that providi	ng false informa		-
Signature of Applicant				Date
FOR ABOCB USE ONLY:				
ACCT DATE:		FEE:		
CHECK #:				
PMT TYPE:		TOTAL:		
NOTES:		BY:		
REVISED 5.2020				