



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

APPRENTICE APPLICATION

NON-REFUNDABLE FEE: \$75

1. Enclose a business check, money order, or cashier's check payable to ABOC in the amount of \$75. Personal checks are not accepted.
2. Enclose a valid Driver's License or government issued photo ID card, copy of Social Security Card, and DHS authorization to work, if applicable.
3. Staple one 2" x 2" professional passport photo (or equivalent) to this application (color, frontal head and shoulders view, no hats, no glasses).
4. Enclose proof of completion of 10 grades in school or equivalent - Diploma, GED, or Transcript

APPRENTICE INFORMATION

Apprentice Name:

Last Name

First Name

Middle Name

Select Apprentice Permit Type:

Barber

Cosmetologist

Esthetician

Manicurist

Natural Hair Stylist

Mailing Address: Street or PO Box

City

State

Zip Code

Social Security Number

Home Phone Number

Work or Cell Number

Date of Birth (MM/DD/YYYY)

Email Address:

PRIMARY SPONSOR INFORMATION

Sponsor Name:

Last Name

First Name

Middle Name

Mailing Address: Street or PO Box

City

State

Zip Code

License Number

Home Phone Number

Work or Cell Number

License Expiration Date

Email Address:

Shop Name

Shop License Number

Name of Shop Owner

Shop Address: Street or PO Box

City

State

Zip Code

APPRENTICE AFFIDAVIT

I have read and understand the rules and regulations contained in Chapter 250-X-4, Apprentices, Alabama Administrative Code. 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.

SPONSOR AFFIDAVIT

I have read and understand the rules and regulations contained in Chapter 250-X-4, Apprentices, Alabama Administrative Code. I certify that the named salon has adequate facilities, supplies, and instructional materials to train the apprentice named above in all aspects of the selected practice.

Signature of Apprentice

Date

Signature of Sponsor

Date

SHOP OWNER AFFIDAVIT

I certify that the named salon has adequate facilities, supplies, and instructional materials to train the apprentice named above in all aspects of the selected practice.

Signature of Shop Owner

Date

FOR ABOCB USE ONLY:

ACCT DATE:

FEE:

CHECK #:

LATE CHARGE:

PMT TYPE:

TOTAL:

NOTES:

BY:

REVISED 7/2024

SECONDARY SPONSOR INFORMATION

Sponsor Name:

Last Name	First Name	Middle Name
Mailing Address: Street or PO Box	City	State
Zip Code		

License Number	Home Phone Number	Work or Cell Number
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License Expiration Date	Email Address
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SPONSOR AFFDAVIT

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Signature of Sponsor

Date

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Date