



ALABAMA BOARD OF COSMETOLOGY AND BARBERING

RSA UNION BUILDING

100 North Union St., Suite 324, Montgomery, AL 36104

P. O. Box 301750, Montgomery, AL 36130-1750

Phone: 334-242-1918; Toll Free: 1-800-815-7453; Fax: 334-242-1926

www.aboc.alabama.gov

APPRENTICE CHANGE OF SPONSOR OR SHOP APPLICATION

REQUIREMENTS

- 1. FEE: \$25 Money Order, Cashier's Check or Shop Business Check. No Personal Checks.
2. Return Current Apprentice Permit.

APPRENTICE TYPE: BARBER COSMETOLOGY ESTHETICS MANICURE NATURAL HAIR STYLIST

(Please Print)

Apprentice Last Name First Name Initial Permit Number

Address: Street City Zip Phone Social Security #

Former Sponsor: Last Name First Name License Number

New Sponsor: Last name First Name License Number

Address: Street City Zip Phone Social Security #

Name of Previous Shop Address License Number

Name of New Shop Address License Number

Owner Signature Phone Number

Sponsor Statement: I agree to train the apprentice named above in the shop named above for the required number of hours in all aspects of the services for which I am licensed and to report hours completed by this apprentice according to board requirements.

Signature of Sponsor Date

Apprentice Statement: I agree to complete the required number of hours under the sponsor named above in the shop named above in all aspects of the services for which the sponsor is licensed.

Signature of Apprentice Date

OFFICE USE ONLY
Ck# Py Type
Fee Lt Chg Total
ACT DATE By
Note: