



# ALABAMA BOARD OF COSMETOLOGY AND BARBERING

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cosmetology@aboc.alabama.gov

## LICENSE NOT RECEIVED

If you need a Personal license, fill out this section

Name: LAST FIRST MIDDLE LICENSE NO.

Address: STREET CITY STATE ZIP

Social Security # Phone #

If you need a Shop license, fill out this section

Salon Name: LICENSE NO.

Mailing Address: STREET CITY ZIP

Physical Address if Different: STREET CITY ZIP

Owner's Name Phone #

If you need a School license, fill out this section

School Name: LICENSE NO.

Address: STREET CITY ZIP

Owner's Name Phone #

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 will be charged.**

**Please attach a copy of your driver's license for verification purposes.**

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

Signature of Licensee \_\_\_\_\_

Social Security Number \_\_\_\_\_

Today's Date \_\_\_\_\_

Revised 9/2013. Replaces all Previous Forms

PYMT # _____ TYPE _____
FEE _____
PROCESSED BY _____ DATE _____
NOTES _____
_____
_____
_____