

# ALABAMA BOARD OF COSMETOLOGY AND BARBERING



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Fax: 334-242-1926 ♦ [www.aboc.alabama.gov](http://www.aboc.alabama.gov)

Staple here 2" x 2" professional color passport photo. May be purchased at CVS, Walgreens or other business that provides passport photo services. **No selfies or snapshots or glamour shots accepted.**

## PERSONAL LICENSE RENEWAL 2016-2020 BARBER

### REQUIREMENTS:

1. COMPLETELY FILL OUT THIS APPLICATION
2. Fee: \$100 Fee for 2016-18; \$100 Fee for 2018-20 plus late fee of \$54 = \$254  
ABSOLUTELY NO PERSONAL CHECKS OR CASH ACCEPTED  
\*\*Send Money Order, Cashier's/Certified Check or Shop Check ONLY\*\*  
Payment will be returned if correct amount is not sent
3. One 2" x 2" professional passport photo (color, head-and-shoulders, full frontal view. This may be purchased at CVS, Walgreens or other business that provides passport photo services)
4. Name changes require copies of marriage/divorce certificate, Driver's License or Social Security Card

\_\_\_\_\_  
(Please Print) Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Address Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
County

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Mailing address if different from above

\_\_\_\_\_  
License number

\_\_\_\_\_  
Type

\_\_\_\_\_  
Exp Date

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
(Area Code) Home Phone

\_\_\_\_\_  
(Area Code) Work or Cell Phone

\_\_\_\_\_  
E-mail address

- No license is valid for a period of more than two years
- All personal licenses must be postmarked by last day of birth month to avoid late charge of \$54.00

**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.**

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

\_\_\_\_\_  
Date

*Application must be postmarked by last day of birth month; a \$54.00 late fee will be due if postmarked after this date.*

**NOT RESPONSIBLE FOR MAIL DELIVERY**

Revised 09/19. Replaces all previous forms

### OFFICE USE ONLY

Ck# \_\_\_\_\_ Pym Type \_\_\_\_\_

Fee \_\_\_\_\_ Lt Chg \_\_\_\_\_ Total \_\_\_\_\_

ACCT DATE \_\_\_\_\_ By \_\_\_\_\_

Note:  
\_\_\_\_\_  
\_\_\_\_\_