ALABAMA BOARD OF COSMETOLOGY AND BARBERING

P.O. Box 301750, Montgomery, AL 36130-1750
100 North Union Street, Suite 324
Phone: 1-800-815-7453 ♦ Local: 334-242-1918
Fax: 334-242-1926 ♦ *www.aboc.alabama.gov*

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

PERSONAL LICENSE RENEWAL 2018-2020
BARBER

REQUIREMENTS:

1. **COMPLETELY FILL OUT THIS APPLICATION**
2. **Fee: Active -- $100; If postmarked after the last day of birth month, additional $54.00 is due.**
   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)**

ON-LINE RENEWAL AVAILABLE AT: *www.aboc.alabama.gov*

(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

OFFICE USE ONLY

Ck# _____ **Pay Type** _____

Fee _____ **Lt Chg** _____ **Total** _____

ACCT DATE _____ **By** _____

Note: _____

_____

Revised 09/19. Replaces all previous forms