ALABAMA STATE BOARD OF COSMETOLOGY AND BARBERING
P O Box 301750, Montgomery, AL 36130-1750
Office Phone 334-242-1918 ● Toll Free: 1-800-815-7453 ● Fax: 334-242-1926

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

PERSONAL LICENSE RENEWAL
2019-2021

RENEW ONLINE
www.aboc.alabama.gov

REQUIREMENTS:

1. **COMPLETELY FILL OUT THIS APPLICATION**
2. **Fee: Active -- $100 Fee Shampoo Assistant - $75 Fee**
   ABSOLUTELY NO PERSONAL CHECKS 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)**

Name Changes require proof (copy of marriage/divorce certificate, updated driver's license or SS card)

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.

(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 renewed 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

ABOC USE ONLY

Ck# _____ **Py Type** _____

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

ACT DATE _____ **By** _____

Note:

_____

_____

_____

Revised 09/2019. Replaces all previous forms