



ALABAMA BOARD OF COSMETOLOGY & BARBERING

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MILITARY SPOUSE FEE WAIVER APPLICATION

This waiver request is for applications for initial licensure only.

PERSONAL INFORMATION

Last Name/Surname:

First Name:

Middle:

License Type Applying For:

Phone Number:

Email Address:

Mailing Address:

City:

State:

Zip Code:

REQUIRED INFORMATION

Please include the following information:

- Completed Application for Out of State Reciprocity
- Proof of Spouse's Active Service
- Copy of Valid Unexpired Military Dependent ID Card

A Fee waiver will not be granted unless all required information is submitted.

Military Spouse Signature

Date

This waiver is granted in accordance with the Military Family Jobs Opportunity Act, *Code of Alabama, 1975*, § 31-1-6.

Approved - Executive Director

Date

FOR ABOCB USE ONLY:

ACCT DATE:

FEE:

CHECK #:

LATE CHARGE:

PMT TYPE:

TOTAL:

NOTES:

BY: