



ALABAMA BOARD OF COSMETOLOGY & BARBERING

RSA Union Building | 100 N. Union Street | Suite 324 | Montgomery, Alabama 36104

PO Box 301750 | Montgomery, Alabama 36130-1750

Phone | 334 242 1918 Toll Free | 1 800 815 7453

REQUEST FOR DUPLICATE PERSONAL LICENSE

NON-REFUNDABLE FEE: \$25

INSTRUCTIONS:

Complete this application in its entirety and include the following items:

- Business check, money order or cashier's check payable to ABOCB in the amount of \$25. Personal checks are not accepted.
- A copy of your current driver's license or government issued identification card.
- If you are requesting a name or address change, please enclose the Personal License Application for Name and/or Address Change, and the appropriate documents listed on the application.

Duplicate License will be mailed to address on file unless Application for Change of Address is included.

PLEASE PRINT CLEARLY:

Name as it appears on your license/permit:

Last Name

First Name

Middle Name

Date of Birth (MM/DD/YYYY)

Social Security #

License/Permit Number

Select License/Permit Type:

- Apprentice
- Barber
- Cosmetologist
- Esthetician
- Esthetician/Manicurist
- Instructor
- Manicurist
- Manicurist/Waxer
- Natural Hair Stylist
- Shampoo Assistant
- Threader

Briefly Explain Duplicate License Request (Lost, Stolen, Destroyed, Replacement due to Change of Information):

CERTIFICATION

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. I understand that providing false information on this application may result in revocation of the license and imposition of administrative penalties.

Signature of Applicant

Date

FOR ABOCB USE ONLY:

ACCT DATE:

FEE:

CHECK #:

LATE CHARGE:

PMT TYPE:

TOTAL:

NOTES:

BY: