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

APPLICATION FOR APPRENTICE CHANGE OF SPONSOR OR SHOP

NON-REFUNDABLE FEE: $25

☐ Enclose a business check, money order, or cashier's check payable to ABOC in the amount of $25. Personal checks are not accepted.

☐ Current Apprentice Permit must be returned.

APPRENTICE INFORMATION

Apprentice Name: Apprentice Permit Number:

Last Name First Name Middle Initial

Select Apprentice Permit Type:

☐ **Barber** ☐ **Cosmetologist** ☐ **Esthetician** ☐ **Manicurist** ☐ **Natural Hair Stylist**

Mailing Address: Street or PO Box City State Zip Code

Last Four Digits of Social Security Number xxx-xx- Home Phone Number Work or Cell Number

SPONSOR INFORMATION

Former Sponsor Name: License Number:

Last Name First Name Middle Initial

New Sponsor Name: License Number:

Last Name First Name Middle Initial

SHOP INFORMATION

Former Shop Name: Shop License Number:

New Shop Name: Phone Number: Shop License Number:

New Shop Mailing Address: Street or PO Box City State Zip Code

APPRENTICE AFFADAVIT	SPONSOR AFFADAVIT
I have read and understand the rules and regulations contained in Chapter 250-X-4, Apprentices, Alabama Administrative Code. 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.	I have read and understand the rules and regulations contained in Chapter 250-X-4, Apprentices, Alabama Administrative Code. I certify that the named salon has adequate facilities, supplies, and instructional materials to train the apprentice named above in all aspects of the selected practice.
Signature of Apprentice Date	Signature of Sponsor Date

FOR ABOCB USE ONLY:

ACCT DATE:	FEE:
CHECK #:	
PMT TYPE:	TOTAL:
NOTES:	BY:

REVISED 9/2020