



ALABAMA BOARD OF COSMETOLOGY AND BARBERING

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LICENSE NOT RECEIVED REQUEST FORM

Complete the appropriate section for the license you are requesting. Please attach a copy of your driver's license for verification purposes.

PERSONAL License form with fields: Last Name, First Name, Middle Initial, License #, Street Address, City, State, Zip Code, Social Security Number, Phone Number

SHOP License form with fields: Salon Name, License #, Mailing Address, City, State, Zip Code, Physical Address (if different from mailing), City, State, Zip Code, Owner's Name, Phone Number

SCHOOL License form with fields: School Name, License #, Mailing Address, City, State, Zip Code, Physical Address (if different from mailing), City, State, Zip Code, Owner's Name, Phone Number

The records for the person or business named above indicate that the application for license was received in proper form with the correct fee. The license was mailed to the name and address on the application and has not been returned to this office as unclaimed or undeliverable.

If the address provided on this form is different from our records, a fee of \$25.00 will be charged.

I agree that if this license is found, I will immediately return it to the Board of Cosmetology.

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Revised 9/2020. Replaces all previous version.

For Office Use Only form with fields: Payment Type, Number, Fee, Late Fee, Total, Acctg Date, By, Notes