



ALABAMA BOARD OF COSMETOLOGY AND BARBERING

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Montgomery, AL 36130-1750

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800-815-7453 toll free

334-242-1926 Fax
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Request for Duplicate Salon License

1. Complete this affidavit.
2. Submit **\$25.00** for a duplicate license. A Money Order, Cashier's Check or business check is acceptable **only**.
NO PERSONAL CHECKS OR CASH.

Salon Name License #

Current Street Address

City State Zip Code

Mailing Address if different from Street Address

Phone Numbers: (____) _____ (____) _____
Salon Phone Number Home/Cell Phone Number

Owner Name Owner Signature
If more than one owner, please list on back of this page.

Briefly explain loss:

When lost (date) Where (home, work, etc.) How (theft, fire, etc.)

Reported to whom (Police, Post Office, etc.) Date reported

I hereby certify that all the above information is true and correct.

Signature of Owner Date

Sworn to and subscribed before me on this _____ day
of _____, 20____.

Notary Public
(affix seal)

ABOC USE ONLY	
P# _____	TYPE _____
RF _____	LFP _____ TPI _____
Date returned _____ by _____	
Notes: _____	