

ALABAMA BOARD OF COSMETOLOGY AND BARBERING

RSA Union Building 100 N. Union Street, Suite 324 P. O. Box 301750 Montgomery, AL 36130-1750

334-242-1918 Office 800-8157453 toll free

334-242-1926 Fax www.aboc.alabama.gov

Request for Duplicate Personal 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**.
- 3. Please submit a copy of your current driver's license.
- 4. You must return your current license with this application if you are requesting a duplicate license due to a legal name change (i.e., marriage, divorce, etc.). Please include a copy of legal documents concerning change.
- 5. This Affidavit MUST BE NOTARIZED.

PRINT Last Name Current Street Address			First Name		Middle	
			City			
State	Zip Code	E-mail Address		_		
Record	ID Number	Social Security Number	() Phone Nur	mber	Other Phone Number	
Briefly e	explain loss:					
When lost (date)		Where (home,	Where (home, work, etc.)		How (theft, fire, etc.)	
Reporte	ed to whom (Police	e, Post Office, etc.)			Date reported	
I hereby	/ certify that all the	e above information is true and c	correct.			
Signature of Licensee			Date			
	to and subscribed l	before me on this	day			
Notary Public			-	OFFI(CE USE ONLY	
(affix seal)				s#	Py Type Total	
Revised 2/24/2015. Replaces all previous applicat			AC	_	By	