



ALABAMA BOARD OF COSMETOLOGY AND BARBERING

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REQUEST FOR MAILING LIST

Check the category requested below and include Money Order or Cashier's Check.

No Personal Checks accepted
No Out-of-State checks accepted

Type of Licenses: Please check all that are requested:

Barbers

Manicurists

Cosmetologists

Natural Hair Stylists

Estheticians

Eyebrow Threaders

Shops (all types)

Type of List Desired: Please check appropriate box:

Diskette: \$35 (3-1/2" IBM Excel Spreadsheet)

E-mail File: \$30 (Excel Spreadsheet)

Name of Party Requesting List: _____

Mailing Address: _____
Street City State Zip

Contact person and phone number: _____

E-mail address if applicable: _____

OFFICE USE ONLY	
Ck# _____	Py Type _____
Fee _____	Lt Chg _____ Total _____
ACT DATE _____	By _____
Note: _____	