



**ALABAMA BOARD OF COSMETOLOGY AND BARBERING**

**RSA UNION BUILDING**

**100 North Union St., Suite 324, Montgomery, AL 36104**

**P. O. Box 301750, Montgomery, AL 36130-1750**

**Phone: 334-242-1918; Toll Free: 1-800-815-7453; Fax: 334-242-1926**

*www.aboc.alabama.gov*

**APPRENTICE CHANGE OF SPONSOR OR SHOP APPLICATION**

**REQUIREMENTS**

- 1. FEE: \$25 Money Order, Cashier's Check or Shop Business Check. No Personal Checks.**
- 2. Return Current Apprentice Permit.**

**APPRENTICE TYPE: BARBER COSMETOLOGY ESTHETICS MANICURE NATURAL HAIR STYLIST**

(Please Print)

Apprentice Last Name                      First Name                      Initial                      Permit Number

Address: Street                      City                      Zip                      Phone                      Social Security #

Former Sponsor: Last Name                      First Name                      License Number

New Sponsor: Last name                      First Name                      License Number

Address: Street                      City                      Zip                      Phone                      Social Security #

Name of Previous Shop Address                      License Number

Name of New Shop Address                      License Number

Owner Signature                      Phone Number

**Sponsor Statement: I agree to train the apprentice named above in the shop named above for the required number of hours in all aspects of the services for which I am licensed and to report hours completed by this apprentice according to board requirements.**

Signature of Sponsor                      Date

**Apprentice Statement: I agree to complete the required number of hours under the sponsor named above in the shop named above in all aspects of the services for which the sponsor is licensed.**

Signature of Apprentice                      Date

|                        |                          |
|------------------------|--------------------------|
| <b>OFFICE USE ONLY</b> |                          |
| Ck# _____              | Py Type _____            |
| Fee _____              | Lt Chg _____ Total _____ |
| ACT DATE _____         | By _____                 |
| Note:<br>_____         |                          |