



ALABAMA BOARD OF COSMETOLOGY

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REQUEST FOR SHOP RE-INSPECTION (shops scoring below 80)

ORIGINAL INSPECTION DATE: _____

ORIGINAL INSPECTOR: _____

DATE: _____ ***LICENSE NUMBER:*** _____

SALON NAME: _____

PHYSICAL ADDRESS: _____

EMAIL ADDRESS: _____

COUNTY SALON IS LOCATED IN: _____

PHONE NUMBER: _____

SIGNATURE OF OWNER

DATE

******THIS REQUEST MAY BE MAILED (TO THE ADDRESS ABOVE), FAXED OR EMAILED TO THE INFORMATION LISTED BELOW.***

Email: donna.thompson@aboc.alabama.gov

FAX: 334-242-1919

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