



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**

**Please check all that are requested
Types of Licenses:**

- | | | |
|---|---|--|
| <input type="checkbox"/> Barbers | <input type="checkbox"/> Esthetician/Manicurist | <input type="checkbox"/> Manicurist/Waxer |
| <input type="checkbox"/> Cosmetologists | <input type="checkbox"/> Eyebrow Threaders | <input type="checkbox"/> Natural Hair Stylists |
| <input type="checkbox"/> Estheticians | <input type="checkbox"/> Manicurists | <input type="checkbox"/> Shops |

ONE FEE NO MATTER HOW MANY TYPES YOU CHOOSE

Type of List Desired:

Please check appropriate box:

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

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

Please PRINT clearly:

Name/Company Requesting List: _____

Mailing Address: _____
Street

City _____ State _____ Zip Code _____

Contact person _____ (Area Code) Phone Number _____

E-mail address: _____

Revised 5/2018; replaces all previous forms

| | |
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| Ck# _____ | Py Type _____ |
| Fee _____ | Lt Chg _____ Total _____ |
| ACT DATE _____ | By _____ |
| Note: _____ _____ | |