



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
800-815-7453 toll free

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

License Certification Request

FEE: \$25.00 (money order or cashier's check only) per Certification requested

Last Name First Name Middle Initial

Mailing Address

(City) (State) (Zip Code)

(Cell Phone) (Work Phone) (Home Phone)

Record/License #

E-mail Address

Please send certification of my Alabama license to the state of: _____

I am currently licensed as:

____ Barber

____ Instructor

____ Cosmetologist

____ Manicurist

____ Esthetician

____ Manicurist/Waxer

____ Esthetician/Manicurist

____ Natural Hair Stylist

____ Eyebrow Threader

Enclose a copy of: Current Alabama License, Social Security Card, Driver's License

I verify the information include above is true to the best of my knowledge.

Signature (required)

ABOC USE ONLY	
Ck# _____	Py Type _____
Fee _____	Lt Chg _____ Total _____
ACCT date _____	By _____
Note: _____	

