



**ALABAMA BOARD OF COSMETOLOGY AND BARBERING**

RSA Union Building, 100 N. Union Street, Suite 324  
P. O. Box 301750, Montgomery, AL 36130-1750  
www.aboc.alabama.gov  
Telephone: 1-800-815-7453 • FAX 1-334-353-2299

**APPRENTICE MONTHLY RECORDING FORM**

► Report Hours for Current Month Only ◀

**REPORT MUST BE IN OFFICE BY 15<sup>TH</sup> DAY OF MONTH AFTER MONTH HOURS ARE EARNED**

(Example: January hours due by February 15<sup>th</sup>, February hours due by March 15<sup>th</sup>)

**Please print information and sign in appropriate places**

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Apprentice Name as it appears on your Apprentice Permit:

\_\_\_\_\_  
(Last Name) (First Name) Permit #  
(RED number on Permit)

Apprentice Signature: \_\_\_\_\_

Shop Name: \_\_\_\_\_

Type: \_\_\_ Barber \_\_\_ Cosmetologist \_\_\_ Esthetician \_\_\_ Manicurist

1	2	3	4	5	6	7

8	9	10	11	12	13	14

15	16	17	18	19	20	21

22	23	24	25	26	27	28

29	30	31

Hours earned this month

Total hours earned to date

I hereby certify the above hours are true and correct.

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Sponsor License # \_\_\_\_\_  
(Last) (First)