ALABAMA BOARD OF COSMETOLOGY
PO Box 301750, Montgomery, AL 36130-1750 ♦ 100 North Union St,. Suite 320
1-800-815-7453 ● Local: 334-242-1918 ● Fax: 334-242-1926
www.aboc.state.al.us

MANAGER LICENSE APPLICATION

REQUIREMENTS

1. **Actively Licensed in the Appropriate Field for at Least One Year**
2. **Manager License Must be Received Before Beginning Duty as Manager**
3. **Fee: $15.00 – Money Order, Cashier's/Certified/Salon Check only. No Personal Checks**
4. **Copy of Current Driver's License and Social Security Card**
5. **If applicable: Document Name Change, Copy of Marriage Certificate, Divorce Decree, Etc.**
6. **Return Current License and Post Copy of This Application and Payment in Salon**

_____
(Please Print) Last Name **First Name** **Initial** **License Number** **Social Security Number**

_____
Address: **Street** **City** **State** **County** **Zip**

_____
Mailing Address if Different From Above

_____
(Area Code) Home Phone **Work Phone** **Date of Birth**

BY MY SIGNATURE I CERTIFY UNDER PENALTY OF PROSECUTION THAT I AM EITHER A CITIZEN OF THE UNITED STATES OR LEGALLY PRESENT IN THE UNITED STATES AND AUTHORIZED TO WORK.

_____
Signature of Licensee **Date**

- **No License is Valid For a Period of More Than Two Years**
- **All Personal Licenses Must be Renewed by the Last Day of Birth Month to Avoid a Late Charge of$50**

ABOC USE ONLY
Pymt #_____ Type_____
Amt _____ Acct Date _____ By_____
Notes _____
_____
_____

Revised12/12. Replaces all previous forms