ALABAMA BOARD OF COSMETOLOGY AND BARBERING

PO Box 301750, Montgomery, AL 36130-1750
100 North Union Street, Suite 324
334-242-1918; 1-800-815-7453; Fax: 334-242-1926
www.aboc.alabama.gov

Here attach 2" x 2" professional color passport photo. May be purchased at CVS, Walgreen's and other businesses that provide passport photo services. No snapshots or glamour shots accepted.

APPLICATION FOR LICENSE REINSTATEMENT
FOR LICENSES EXPIRED MORE THAN FOUR (4) YEARS

REQUIREMENTS

1. **Proof of Prior Licensing: Copy of Expired License or Record ID Number.**
   Files are Purged After Four Years of Inactivity. Applicant Must Furnish Own Documentation.
2. **Copy of Current Driver's License**
3. **Copy of Current Social Security Card**
4. **One 2" x 2" current passport photo (head-and-shoulders, full frontal view).**
   No Glamour Shots or Snapshots
5. **$120 Practical Examination Fee. Money order, Cashier's/In-State Shop Check Only.**
   No Personal Checks accepted
6. **Any Name Changes Must be Documented by Marriage, Divorce Decrees, Etc.**
   You are required to take and pass the Practical portion of the Examination

PLEASE PRINT

Applicant's Last Name **First Name** **Middle Initial**

Record ID# **Expiration Date** **Date of Birth** **Social Security #**

Address: Street **City** **State** **Zip Code**

Work Phone **Home Phone** **County in which you live**

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 Applicant **Date**

*** Work Permit, Exam Information Will be Sent When This Application is Received**
**** After Successfully Completing Practical Exam, You Must Pay Fee for Lapsed Period**

OFFICE USE

Py_____Type_____

Amt_____

Ac Date_____

Notes:_____

Revised 4/13. Replaces all previous forms.