ALABAMA BOARD OF COSMETOLOGY

PO Box 301750, Montgomery, AL 36130-1750 ♦ 00 North Union St., Suite 320
Phone: 1-800-815-7453 ♦ Local: 334-242-1918 ♦ Fax: 334-242-1926 ♦ www.aboc.state.al.us

APPRENTICE APPLICATION

Please Circle One: **Cosmetology** **Manicure** **Esthetics**

REQUIREMENTS

1. **FEE: $ 40.** Money Order, Cashier's Check, Business Check Only. No Personal Checks
2. Proof of Completing 10 Grades in School or Equivalent. Diploma, GED, etc.
3. Copy of Current Driver's License (must be at least 16 years old) and Social Security Card
4. One 2" X 2" Passport Type Color Photo. No Snapshots, Glamor Shots or Computer Generated Photos

Cosmetology:	3,000 Hrs.
Esthetics:	3,000 Hrs.
Manicure:	1,200 Hrs.

(Please Print) Apprentice Last Name | First Name | Initial | Date of Birth | Social Security #

Hone Address: Street | City | County | Zip | Phone Number

Apprentice Affidavit: ● I understand that I must complete the required hours of training under the named sponsor within a three-year period not to exceed 8 hours in any day. If I change sponsors I will return my permit for a new permit and pay a fee of $ 25. ● I understand that I may have only three sponsor changes while training. ● I understand that a daily, monthly and cumulative record of my earned hours must be kept and submitted to the board office by the 15th day of the month following the month in which they are earned. ● I understand that hours not properly submitted will not be credited and may subject my sponsor to a fine as provided in the *Code of Alabama, 1975, § 34-7A-15-(2)(c).* ● I understand that I and my sponsor are jointly responsible for sending my exam application to the Board office within 90 days after my training is completed. I understand that failure to schedule the exam may subject my sponsor to a fine as provided in the *Code of Alabama, 1975, § 34-7A-15(2)(c).*

Signature of Apprentice | Date

(Please Print) Master/Instructor Last Name | First Name | Initial | License Number | Type | Exp Date | Social Security

Address: Street | City | County | Zip | Phone #

Sponsoring Master/Instructor Affidavit: ● I agree to sponsor the apprentice named above in the selected practice of cosmetology, both practical and theory, based on the most recent texts of **Milady, Pivot Point** or other approved textbooks, within a three-year period not to exceed 8 hours in one day in the named salon ● I understand that I may sponsor only one apprentice at a time, and must maintain a valid master or instructor license while training an apprentice. ● I understand that I must keep a record of daily, monthly and cumulative earned hours and submit hours to the Board office by the 15th day of the month following the month in which hours are earned. ● I understand that hours not submitted as required may subject me and the salon named to a fine as provided in the *Code of* Alabama, 1975, *§ 34-7A-15(2)(c).* I understand that if the apprentice should stop training I am responsible for returning the apprentice permit along with the final report of earned hours to the Board office.

Signature of Master/Instructor | Date

(Please Print) Salon Name | License Number | Phone Number

Salon Address: Street | City | County | Zip

Name of Salon Owner | Social Security Number

Salon Owner Affidavit: I certify that the named salon has adequate facilities, professional supplies and instructional materials to train the apprentice named above in all aspects of the selected practice of cosmetology.

Signature of Salon Owner | Date

OFFICE USE

Py_____Type_____

Amt_____

Ac Date_____By_____

Note:_____

Revised 5/08. Replaces all Previous Forms