ALABAMA BOARD OF COSMETOLOGY

RSA Union Building, 100 North Union St., Suite 320
P O Box 301750, Montgomery, AL 36130-1750
Phone: 1-800-815-7453 ♦ Local: 334-242-1918
Fax: 334-242-1926 ♦ *www.aboc.state.al.us*

ON-LINE RENEWAL AVAILABLE AT
www.aboc.state.al.us

PERSONAL LICENSE RENEWAL 2007-2009

REQUIREMENTS

1. **Fee: Active -- $80 Inactive -- $35 Shampoo Assistant -- $40**
   Money Order, Cashier's/Certified Check or Salon Check Only
   Personal Checks Will Not be Accepted
2. **Master renewals require proof of eight (8) hours of Continuing Education**
3. **Instructor renewals require proof of sixteen (16) of Continuing Education**
4. **Name Changes Require Copies of Marriage/Divorce Certificate, Driver's License or S/S Card**
5. **Copy of Current Driver's License**
6. **Check Here _____ for Masters Not Completing Continuing Education. Downgrade to Manager**

_____ _____ _____
(Please Print) Last name **First Name** **Initial**

_____
Address Street City State County Zip

_____
Mailing Address if Different From Above

_____ _____ _____ _____
License Number **Type** **Exp Date** **Social Security Number**

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

_____ _____
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 $ 25.00**

ABOC USE ONLY

Ck# _____ **Py Type** _____

Fee _____ **Lt Chg** _____ **Total** _____ Date_____

ACCT date _____ **By** _____

Date proc/ret _____ **By** _____

Note: _____

_____

_____

Revised 4/08. Replaces all previous forms.