ALABAMA BOARD OF COSMETOLOGY

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P. O. Box 301750
Montgomery, AL 36130-1750

334-242-1918 Office
800-8157453 toll free

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Request for Duplicate Personal License

1. Complete this affidavit.
2. Submit **$25.00** for a duplicate license. A Money Order, Cashier's Check or business check is acceptable **only**.
   NO PERSONAL CHECKS OR CASH.
3. Please submit a copy of your current driver's license.
4. You must return your current license with this application if you are requesting a duplicate license due to a legal name change (i.e., marriage, divorce, etc.). Please include a copy of legal documents concerning change.

_____ _____ _____
PRINT Last Name First Name Middle

_____
Current Street Address

_____ _____ _____
City State Zip Code

_____ _____ (____) _____ (____) _____
Record ID Number Social Security Number Work Phone Number Home Phone Number

Briefly explain loss:

_____
When lost (date) Where (home, work, etc.) How (theft, fire, etc.)

_____
Reported to whom (Police, Post Office, etc.) Date reported

I hereby certify that all the above information is true and correct.

_____ _____
Signature of Licensee Date

Sworn to and subscribed before me on this _____ day
of _____, 20___.

_____
Notary Public

(affix seal)

ABOC USE ONLY
P#_____PT _____

RF _____LFP_____TFR_____

Date Returned _____by_____
Notes:

Revised 4/19/06. Replaces all previous applications