ALABAMA BOARD OF COSMETOLOGY & BARBERING

RSA Union Building | 100 N. Union Street | Suite 324 | Montgomery, Alabama 36104

PO Box 301750 | Montgomery, Alabama 36130-1750

Phone | 334 242 1918   Toll Free | 1 800 815 7453

APPLICATION FOR OUT OF COUNTRY RECIPROCITY

NON-REFUNDABLE FEE: $175

PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO ABOCB

INSTRUCTIONS:

1. Please enclose the following items:

☐ Non-refundable fee of $175, money order or cashier's check, only. No personal checks.

☐ Copy of Current, Unexpired Driver's License

☐ Copy of Social Security Card

☐ Proof of US Citizenship or copy of naturalization papers, permanent work card if social security card requires DHS or INS Authorization to Work

☐ Name changes documented by marriage certificate, divorce decree, etc.

☐ One current 2" x 2" color passport photo. This may be purchased at any business which provides passport photo services. Photo must be in color, frontal view, head and shoulders shot. No hats or glasses.

☐ Copy of current license/certification from other country

2. **Please select the language for written exam:**   (If no language is selected, the exam will be given in English.)

☐ English   ☐ Korean   ☐ Spanish   ☐ Vietnamese

3. **Please complete the following information. Type or print legibly.**

Last Name:	First Name:	Middle Name or Initial:

Mailing Address:		City:	State:	Zip Code:

Date of Birth (MM/DD/YYYY):	Social Security Number:	Phone #:

Email Address:

Country Transferring From:

License Type Held in Other Country:

☐ Barber   ☐ Cosmetologist   ☐ Esthetician   ☐ Esthetician/Manicurist   ☐ Manicurist

☐ Manicurist/Waxer (above neck only)   ☐ Natural Hair Stylist

CERTIFICATION

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. I understand that providing false information on this application may result in revocation of the license and imposition of administrative penalties.

_____   _____
Signature of Applicant   Date

FOR ABOCB USE ONLY:

ACCT DATE:	FEE:
CHECK #:	
PMT TYPE:	TOTAL:
NOTES:	BY: