



# ALABAMA BOARD OF COSMETOLOGY AND BARBERING

RSA Union Building  
100 N. Union Street, Suite 324  
P. O. Box 301750  
Montgomery, AL 36130-1750

334-242-1918 Office  
800-815-7453 toll free

334-242-1926 Fax  
*www.aboc.alabama.gov*

## Request for Duplicate School 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.**

\_\_\_\_\_  
School Name License #

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Mailing Address if different from Street Address

Phone Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
School Phone Number Home/Cell Phone Number

\_\_\_\_\_  
Owner Name Owner Signature

If more than one owner, please list on back of this page.

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 Owner Date

Sworn to and subscribed before me on this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

(affix seal)

ABOC USE ONLY	
P# _____	TYPE _____
RF _____	LFP _____ TPI _____
Date returned _____ by _____	
Notes: _____	