



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

Staple 2"x2" professional color passport photo. May be purchased at CVS, Walgreen's, or other businesses that provide passport photo services.

APPLICATION FOR LICENSE REINSTATEMENT FOR LICENSES EXPIRED FOR MORE THAN FOUR (4) YEARS

REQUIREMENTS

First, you must take and pass the Practical portion of the Examination.

Money order, Cashier's check, In-State Shop Check ONLY. No personal checks accepted.

Include the following:

1. \$130.00 NONREFUNDABLE Practical Examination Fee.
Money order, Cashier's/In-state Business Check Only. No personal checks.
2. Proof of Prior Licensing: Copy of Expired License or Record ID Number.
3. Copy of Current Driver's License.
4. Copy of valid Social Security Card.
5. ONE 2"x2" passport photo - head-and-shoulders, full frontal view, color, no hats or glasses.
6. Any name changes must be documented by Marriage License, Divorce Decree, etc.

Applicant's Last Name: _____ First Name: _____ Middle Initial: _____

Alabama Cosmetology License No.: _____ Expiration Date: _____ Date of Birth: _____ Social Security No.: _____

Current Address: Street: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ 2nd. Phone Number: _____ Email Address: _____

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: _____

Work Permit and Exam Information will be sent when this application is processed.
After successfully completing the Practical Exam, you must pay a reinstatement fee of \$454.00.
(Code of Alabama 1975, SS 34-7B-14(c).)

FOR ABOCB USE ONLY:

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