



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 RECIPROCITY TO ALABAMA

NON-REFUNDABLE FEE: \$100

Before the application can be processed, ABOCB must receive certification from the state where you are currently licensed.

Please enclose the following items:

- Non-refundable fee of \$100, money order or cashier's check, only. Personal checks are not accepted.
- Copy of Current, Unexpired Driver's License, or Non-Driver ID Card
- 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 **AND** certification from other state

Please complete the following information. Type or print legibly.

Last Name:	First Name:	Middle Name or Initial:
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Mailing Address:	City:	State:	Zip Code:
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Date of Birth (MM/DD/YYYY):	Social Security Number:	Phone #:
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Email Address:

State Transferring From:

License Type Held in Other State:

<input type="checkbox"/> Barber	<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Esthetician	<input type="checkbox"/> Esthetician/Manicurist	<input type="checkbox"/> Manicurist
<input type="checkbox"/> Manicurist/Waxer	<input type="checkbox"/> Natural Hair Stylist	<input type="checkbox"/> Instructor		

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