



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

STUDENT TRAINEE PERMIT APPLICATION

Please enclose the following items:

NO FEE REQUIRED

Copy of a government-issued photo ID: Driver's license, State ID Card, Passport, or Military ID Card.

Copy of a Work Authorization Document: Social Security Card, Permanent Resident Card/Green Card, Work Visa

Passport-quality photo: White background, facing forward, head and shoulders, no hats or sunglasses. (A selfie which meets these criteria is acceptable)

Applicant must have completed 70% of School Hours and be at least 16 years of age.

School Instructor must sign off on this application.

Before the application can be processed, ABOCB must receive all requirements listed above.

Permit Type:

Barber Cosmetologist Esthetician Esthetician/Manicurist Manicurist
 Manicurist/Waxer Natural Hair Stylist Instructor(Type: _____)

STUDENT INFORMATION (ALL QUESTIONS MUST BE ANSWERED)

Last Name: _____ First Name: _____ Middle Name or Initial: _____

Student Mailing Address - Street or P.O. Box: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____ Phone Number: _____

Email Address: _____

Student Enrollment Date: _____ Hours Completed: _____ Credits Completed: _____ School Code: _____

Name of School: _____ School License Number (If Applicable): _____

STUDENT 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 license revocation and imposition of administrative penalties.

 Signature of Applicant Date: _____

INSTRUCTOR CERTIFICATION

I have read and understand the rules and regulations contained in Alabama Code § 34-7B-15 (c). I understand that providing false information on this application may result in revocation of the license and imposition of administrative penalties.

 Instructor Signature: _____ License Number: _____ Date: _____

FOR ABOCB USE ONLY:

ISSUE DATE: _____ EFF. DATE: _____ EXP. DATE: _____

ISSUER: _____