



## ALABAMA BOARD OF COSMETOLOGY & BARBERING

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

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### MILITARY SPOUSE FEE WAIVER APPLICATION

*This waiver request is for applications for initial licensure only.*

#### PERSONAL INFORMATION

Last Name/Surname:

First Name:

Middle:

License Type Applying For:

Phone Number:

Email Address:

Mailing Address:

City:

State:

Zip Code:

#### REQUIRED INFORMATION

Please include the following information:

- Completed Application for Out of State Reciprocity
- Proof of Spouse's Current Active Service Orders
- Copy of Valid Unexpired Military Dependent ID Card

A Fee waiver will not be granted unless all required information is submitted.

\_\_\_\_\_  
Military Spouse Signature

\_\_\_\_\_  
Date

This waiver is granted in accordance with the Military Family Jobs Opportunity Act, *Code of Alabama, 1975*, § 31-1-6.

\_\_\_\_\_  
Approved - Executive Director

\_\_\_\_\_  
Date

#### FOR ABOCB USE ONLY:

ACCT DATE:

FEE:

CHECK #:

LATE CHARGE:

PMT TYPE:

TOTAL:

NOTES:

BY: