



ALABAMA BOARD OF COSMETOLOGY & BARBERING

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

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RETAKE APPLICATION FOR WRITTEN EXAMINATION

WEBSITE : www.aboc.alabama.gov

REQUIREMENTS

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

Include the following:

1. COMPLETELY FILL OUT THIS APPLICATION.
2. Written Retake Examination Fee: \$75.00

Name Changes require proof (copy of marriage/divorce certificate, gov't-issued photo ID).

Per Section 34-7B-7(2)(a): "All exam fees are nonrefundable."

EXAM LANGUAGE: English Korean Spanish Vietnamese

******If no language is marked, your exam will be given in English******

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

Street Address _____ City: _____ State: _____ County: _____ Zip: _____

Date of Birth _____ Social Security # _____ Permit Number (Red # on Permit) _____

Home Phone: _____ Work/Cell Phone: _____ 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 Licensee: _____ Date: _____

Notes:

FOR ABOCB USE ONLY:

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