

# BARBER PERSONAL LICENSE RENEWAL 2024 - 2026

**\*\*RENEW ONLINE AT WWW.ABOC.ALABAMA.GOV\*\***

**NON-REFUNDABLE RENEWAL FEE: \$100**

**LATE FEE: \$54**

## INSTRUCTIONS:

1. Fill out this application in its entirety.
2. Enclose a business check, money order, or cashier's check payable to ABOC in the amount of \$100. If postmarked after the last day of your birth month, an additional late fee of \$54 must be included in order to process the renewal.
3. Staple one 2" x 2" professional passport photo to this application (color, frontal head and shoulders view, no hats, no glasses).

Name as it appears on your license:

Last Name	First Name	Middle Name	
Mailing Address: Street or PO Box	City	State	Zip Code

License Number	License Type	Expiration Date	Date of Birth (MM/DD/YYYY)
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Social Security Number	Home Phone Number	Work or Cell Number
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Email Address

*No license is valid for a period of more than 2 years. Ala. Code Section 34-7B-14 (a)*

### CERTIFICATION

### AMOUNT ENCLOSED

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.

Renewal Fee: \$ \_\_\_\_\_

Late Fee (if applicable): \$ \_\_\_\_\_

Must be posted marked on or before end of birth month or late fee will be assessed

Total Enclosed: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

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### FOR ABOCB USE ONLY:

ACCT DATE:

FEE:

CHECK #:

LATE CHARGE:

PMT TYPE:

TOTAL:

NOTES:

BY: