



**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

Staple 2"x2" professional color passport photo. May be purchased at CVS, Walgreen's, or other businesses that provide passport photo services.

**CURRENT PERSONAL LICENSE RENEWAL**

**SAVE TIME - RENEW ONLINE: [www.aboc.alabama.gov](http://www.aboc.alabama.gov)**

**REQUIREMENTS**

Money order, Cashier's check, Check ONLY. This application can be completed online at [www.aboc.alabama.gov](http://www.aboc.alabama.gov). Include the following with this application:

1. COMPLETELY FILL OUT THIS APPLICATION.

2. Personal License Non-Refundable Fee: \$100.00 Shampoo Assistant Permit Non-Refundable Fee: \$75.00

3. ONE 2"x2" professional passport photo - color, head-and-shoulders, full frontal view. (If you have a photo on file with us taken within the last 10 years, then submitting a new photo is optional.

Name Changes require proof (copy of marriage/divorce certificate, updated driver's license or SS card).

Application MUST be postmarked by the last day of birth month.

A \$54.00 late fee will be due if postmarked after this date. NOT RESPONSIBLE FOR MAIL DELIVERY.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

License No.: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (REQUIRED): \_\_\_\_\_ Email Address (REQUIRED): \_\_\_\_\_

**CERTIFICATION**

By my signature I certify that I have read and understand the rules and regulations of the Alabama Board of Cosmetology & Barbering, which are available online at <https://www.aboc.alabama.gov/about/law>.

Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

*No License is valid for a period of more than two years.*

All personal licenses must be renewed by the last day of the licensee's birth month to avoid a late charge of \$54.00.

**FOR ABOCB USE ONLY:**

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