



ALABAMA BOARD OF COSMETOLOGY

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www.aboc.state.al.us

MASTER LICENSE APPLICATION

REQUIREMENTS

1. **\$ 15.00 FEE** -- Money Order, Cashier's/Certified Check or Salon Check only.
Personal Checks will not be Accepted
2. **Please Return Original Managing License. Must be a Manager to Upgrade**
3. **Proof of Eight (8) Hours Continuing Education Within License Cycle
(Attach Copy of Continuing Education Certificate)**
4. **Copy of Valid Driver's License and Social Security Card**
5. **Out-of-State Continuing Education Must be Pre-approved by the Board for Credit**

(Please Print) Last Name First Name Initial License Number Social Security Number

Address Street City State County Zip

Mailing Address if Different From Above

(Area Code) Home Phone Work Phone Date of Birth

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 Birth Month
to Avoid a Late Charge of \$50**

ABOC USE ONLY	
Pyt # _____	Type _____
Amt _____	Acct Date _____ By _____
Notes _____	_____
_____	_____
_____	_____

Revised 6/09. Replace all previous forms