



ALABAMA BOARD OF COSMETOLOGY
RSA UNION BUILDING
 100 North Union St., Suite 320, Montgomery, AL 36130-1750
 Phone: 334-242-1918; Toll Free: 1-800-815-7453; Fax: 334-242-1926
 www.aboc.state.al.us

APPRENTICE CHANGE OF MASTER OR SALON APPLICATION

REQUIREMENTS
 1. **FEE: \$ 25** Money Order, Cashier's Check or Business Check. **No Personal Checks.**
 2. Return of Current Apprentice Permit.

APPRENTICE TYPE (CIRCLE): COSMETOLOGY ESTHETICS MANICURE

(Please Print)

Apprentice Last Name First Name Initial Permit Number

Address: Street City Zip Phone

Former Master: Last Name First Name License Number

New Master: Last name First Name License Number

Address: Street City Zip Phone

Name of Previous Salon Address License Number

Name of New Salon Address License Number

Owner Signature Phone Number

Master Statement: I agree to train the apprentice named above in the salon named above for the required number of hours in all aspects of the services for which I am licensed and to report hours completed by this apprentice according to board requirements.

Signature of Master Date

Apprentice Statement: I agree to complete the required number of hours Under the master named above in the salon named above in all aspects Of the services for which the master is licensed.

Signature of Apprentice Date

OFFICE USE	
Py # _____	Type _____
Amt _____	
Ac Date _____	By _____
Notes _____	

