



ALABAMA BOARD OF COSMETOLOGY

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800-815-7453 toll free

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REQUEST FOR MAILING LIST

**Check the category requested below and include Money Order, Cashier's or Business Check.
No Personal Checks accepted**

Type of Licenses: Please check all that are requested:

- | | |
|---|--|
| <input type="checkbox"/> Cosmetologists
(includes all license types) | <input type="checkbox"/> Cosmetology Salons |
| <input type="checkbox"/> Estheticians (includes all license types) | <input type="checkbox"/> Esthetician Salons |
| <input type="checkbox"/> Manicurists (includes all license types) | <input type="checkbox"/> Manicurist/Nail Tech Salons |
| | <input type="checkbox"/> Booth/Independent Contractors |

Type of List Desired: Please check appropriate box:

- CD: \$35 (Excel Spreadsheet)
- E-mail File: \$30 (Excel Spreadsheet)

Name of Party Requesting List: _____

Mailing Address: _____
Street City State Zip

Contact person and phone number: _____

E-mail address if applicable: _____

ABOC USE ONLY	
Ck# _____	Py Type _____
Fee _____	Lt Chg _____ Total _____
ACCT date _____	By _____
Date proc/ret _____	By _____
Note: _____	
