

ALABAMA BOARD OF COSMETOLOGY

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(Please Print) Last name	First N	ame	Initial	
Address Street	City	State	County	Zip
Mailing Address if Different From Ab	ove			
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Date of Birth Home Phone (Area Code)		Work Phone (Area	Code)	
Signature of Licensee No License is Valid for a Peri All Personal Licenses Must be	od of More Than Two Y		— Го Avoid Late C	harge of \$50.00
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