

State of Florida
Department of Business and Professional Regulation
Florida Barbers' Board
Application for Reexamination
Form # DBPR BAR 3

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
Barber Reexamination Application	<input type="checkbox"/> Pay \$100.50 fee. (Make check payable to the Department of Business and Professional Regulation.) <input type="checkbox"/> Submit proof of 900 schooling hours (for Florida school graduates with less than 900 hours on initial exam).
Restricted Barber Reexamination Application	<input type="checkbox"/> Pay \$133.50 fee. (Make check payable to the Department of Business and Professional Regulation.)

*** Note: Additional fees must be paid to the testing vendor.**

Please mail your completed application, documentation and required fee(s) to:
 Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

Instructions

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

1. General Requirements for Reexamination

- **Barber**
 - Applicant only completing 600 hours of education in Florida prior to taking the initial examination must return to school and complete the remaining 300 hours of education before applying for reexamination. Completion of 900 hours must be verified by the school official.
 - a. The barber supervised practice exception only applies to applicants who are graduates of a Florida barbering school. For those applicants who do not qualify for endorsement and are eligible to sit for the barber or restricted barber examination, **you are not eligible to practice until you have received your Florida license.**
 - b. Applicant must submit a new course completion certificate from a board-approved HIV/AIDS course provider with their application if the course completion certificate provided with the applicant's initial examination application is over two years old. The board-approved HIV/AIDS course must be at least 2 hours long. Please see the list of board-approved HIV/AIDS courses.
http://www.myfloridalicense.com/dbpr/servop/testing/documents/barb_ce_prov.pdf
 - c. Fee: \$100.50 fee for barber and \$133.50 fee for restricted barber. (Make check payable to Department of Business and Professional Regulation.)

2. Application Instructions (by section)

- a. Section I
 - i. Check the box that correctly applies to the reexamination.
- b. Section II
 - i. Fill out each section completely.
 - ii. In the Name section, applicants must use the name as it appears on his or her Social Security card. Do not use nicknames or initials.
- c. Section III
 - i. If this is your second examination attempt, and your first attempt was after completing 900 schooling hours for Barbers or 600 schooling hours for Restricted Barber or was

based on out-of-state licensure, no action by a school official is required. Please skip to Section IV.

For Barber Applicants:

- ii. If this is your second examination attempt, and your first attempt was after completing 600 hours of education in Florida prior to taking the initial examination, a school official must complete all information contained in this section.
 - iii. Please indicate the name, address, and phone number of the school where the 900 education hours were completed.
 - iv. School official must sign, date, and print name.
- d. Section IV
- i. Applicant must sign the affirmation by written declaration.
 - ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

3. Other Information

a. Testing Information

- i. The examination is administered via computer-based testing.
- ii. You must keep the Department informed of any change of address immediately to ensure receipt of all pertinent information. The post office will **NOT** automatically forward your exam package to a new address.
- iii. Once the examination application has been approved, you will receive written notification from the Department's examination vendor, Pearson VUE, to schedule a date and time for your examination. The website for Pearson VUE is www.pearsonvue.com.

b. **Employment Eligibility**

- i. **If a Florida barbering student passes his or her first licensing exam, the student may work in a licensed barbershop:**

- under the supervision of a licensed barber who is physically present when the student is working; and
- so long as the student posts his or her exam results and a recent photo at their station.

If a Florida barbering student fails the exam, he or she may not work until:

- he or she applies to the Department for reexamination;
- he or she provides the shop or salon owner with a copy of his or her reexamination application and the exam authorization letter from the testing vendor; and
- he or she posts exam results and a recent photo at their station.

In order to continue working, a barbering student has 180 days from the date of his or her first exam to complete the exam. Should the student fail the exam a second time, the student cannot work until he or she successfully passes the exam and receives a barber license from the Department.

- ii. Please see **Florida Barbers' Board FAQs** for additional information.
<http://www.myfloridalicense.com/DBPR/barbers/faqs/>

c. Post-Licensure Procedures

- i. All licensed barbers must renew his or her license on or before July 31 of even-numbered years.
- ii. Prior to the expiration of each licensure period, all licensed barbers shall complete a board-approved HIV/AIDS course. Please see the list of board-approved HIV/AIDS courses
http://www.myfloridalicense.com/dbpr/servop/testing/documents/barb_ce_prov.pdf

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For additional information see the Instructions at the beginning of this application.

Section I – Application Type

APPLICATION TYPE
<input type="checkbox"/> Application for Barber Reexamination [0301/1011]
<input type="checkbox"/> Application for Restricted Barber Reexamination [0302/1011]

Section II – Applicant Information

APPLICANT INFORMATION			
Social Security Number*			
Last/Surname	First	Middle	Suffix
MAILING ADDRESS			
Street address or P.O. Box			
City	State	Zip Code	
County (if Florida address)	Country		

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section III – Reexamination Information

REEXAMINATION ELIGIBILITY CERTIFICATION	
<input type="checkbox"/> This is to certify that the student below has completed the full 900 hours of training and instruction required to retake the licensure examination.	
Name of School	
Address of School	
Date Student Enrolled	School Phone Number (include area code)
Signature of School Official	Date / /
Printed/Typed Name of School Official	



Section IV – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature	Date
Print Name	