

State of Florida
Department of Business and Professional Regulation
Florida Barbers' Board
Application for License from Null and Void (Expired License)
Form # DBPR BAR 6

Definition of "null and void": A license becomes "null and void" after a licensee fails to renew the license for two consecutive licensure cycles. A null and void license cannot be reinstated unless the applicant demonstrates to the Department that he or she failed to renew the license due to an illness or economic hardship that prevented renewal.

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

| TRANSACTION | APPLICATION REQUIREMENTS |
|-------------------------|--|
| Barbers' License | <input type="checkbox"/> Fees: \$105 (make check payable to the Department of Business and Professional Regulation). <input type="checkbox"/> Submit a certificate of completion from a board-approved Initial HIV/AIDS course. <input type="checkbox"/> Explanation of illness or economic hardship that prevented renewal. |

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

State of Florida
Department of Business and Professional Regulation
Florida Barbers' Board
Application for License from Null and Void (Expired License)
Form # DBPR BAR 6

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**.

Section I – Application Type

| CHECK ONLY ONE OF THE APPLICATION TYPES |
|--|
| <input type="checkbox"/> Full Barbers' License <input type="checkbox"/> Restricted Barbers' License |
| PREVIOUS LICENSE INFORMATION |
| Previous License Number |

Section II – Applicant Information

| APPLICANT INFORMATION | | | |
|---|---|------------------------|--------|
| Social Security Number* | | | |
| FULL LEGAL NAME | | | |
| Last/Surname | First | Middle | Suffix |
| Birth Date (MM/DD/YYYY) / / | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| MAILING ADDRESS | | | |
| Street Address or P.O. Box | | | |
| | | | |
| City | State | Zip Code (+4 optional) | |
| County (if Florida address) | | Country | |
| RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS) | | | |
| Street Address | | | |
| | | | |
| City | State | Zip Code (+4 optional) | |
| County (if Florida address) | | Country | |
| CONTACT INFORMATION | | | |
| Primary Phone Number | Primary E-Mail Address | | |

* 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 – Explanation of Illness or Economic Hardship that Prevented Renewal

| EXPLANATION | |
|-------------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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 | |

Instructions

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

1. General Requirements for Application to Reinstate Null and Void License

- a. This application should only be used by persons who have previously held a license with the Florida Barbers' Board. You should only apply for the same type of license previously held.
- b. Fees: \$105. Make check payable to the Department of Business and Professional Regulation.
- c. Provide proof of completion of a board-approved Initial HIV/AIDS course.
- d. If your name has changed since your original license went null and void, you must submit documentation supporting this change. Acceptable documentation includes copies of legally recorded marriage certificates, divorce decrees, or other court documents. We suggest you submit copies of original documents as we will not return this documentation to you.

2. Application Instructions

- a. Section I – Application Type
 - i. Indicate which license or registration type you are applying for. Check only one of the application types.
- b. Section II – Applicant Information
 - i. Fill out each section completely. Provide the license number you wish to reinstate.
 - ii. In the Full Legal Name section, applicants must use the name as it appears on his or her Social Security card. Do not use nicknames or initials.
 - iii. Applicants must furnish their current mailing address. This will be used for sending correspondence regarding your application and license.
 - iv. Applicant's addresses are used only for Department purposes and will not be printed on the license.
 - v. Provide your residence address, if different than your mailing address.
 - vi. Provide a valid phone number and email address.
 - vii. All names, prior or current, other than the name signed to the application must be listed.
- c. Section III
 - i. Provide an explanation of the illness or economic hardship that prevented renewal of your license.
- d. Section IV
 - i. Please read and sign the affirmation by written declaration. If the applicant fails to sign the affirmation statement, the Department will not process the application.