

State of Florida
Department of Business and Professional Regulation
Board of Cosmetology
Individual Change of Status Transactions
Form # DBPR COSMO 11

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

TRANSACTION	TRANSACTION REQUIREMENTS
Personal Name Change	<input type="checkbox"/> Complete Sections I, II and V of this form. <input type="checkbox"/> Submit supporting legal documentation of name change (e.g. court documents showing name change, marriage license, divorce decree, etc.).
Personal Address Change	<input type="checkbox"/> Complete Sections I, III, and V of this form. <input type="checkbox"/> No Fee.
Set License to Inactive	<input type="checkbox"/> Complete Sections I, IV and V of this form. <input type="checkbox"/> Pay \$5 fee if not within renewal period (make check payable to the Department of Business and Professional Regulation).
Set License to Active	<input type="checkbox"/> Complete Sections I, IV and V of this form. <input type="checkbox"/> Pay \$50 fee (make check payable to the Department of Business and Professional Regulation).

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. Application Instructions (by section)

a. Section I

- i. Check only the applicable transaction(s) you are seeking.

b. Sections II through IV

- i. Fill out each section completely, as applicable.
 ii. If you are requesting a Name Change, you must submit supporting documentation (e.g. marriage certificate, divorce decree)

c. Section V

- i. Please read and sign the affirmation by written declaration.
 ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

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Section I – Application Type

CHECK ONE OF THE TRANSACTION TYPES (Use multiple forms if more than one transaction is applicable)	
<input type="checkbox"/> Personal Name Change [9006] Complete sections I, II and V. <input type="checkbox"/> Personal Address Change [9006] Complete sections I, III and V. <input type="checkbox"/> Set License to Inactive [4020] Complete sections I, IV and V. <input type="checkbox"/> Set License to Active from Inactive [3020] Complete sections I, IV and V.	
Name:	License Number:
Email Address:	Phone Number:

Section II – Personal Name Change (provide supporting documentation)

PERSONAL NAME CHANGE INFORMATION
New Name ***NOTE – Your name on your license will appear as it is printed below***

Section III – Personal Address Change

NEW PHYSICAL ADDRESS		
Street Address		
City	State	Zip Code (+4 Optional)
County	Country	
NEW MAILING ADDRESS		
Street Address		
City	State	Zip Code (+4 Optional)
County	Country	

Section IV – Set License to Inactive/Active

LICENSEE INFORMATION		
Set License to:	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive



Section V – 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:	