

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Cosmetology**  
**Salon Change of Status Transactions**  
**Form # DBPR COSMO 12**

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

TRANSACTION	TRANSACTION REQUIREMENTS
<b>Salon Mailing</b>	<input type="checkbox"/> Complete Sections I, II, and IV of this form.
<b>Address Change</b>	<input type="checkbox"/> No Fee.
<b>Close Salon</b>	<input type="checkbox"/> Complete Sections I, III, and IV of this form. <input type="checkbox"/> No fee.

**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.
- ii. Fill out each section completely.

**b. Sections II and III**

- i. Fill out each section completely, as applicable.

**c. Section IV**

- 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.

**2. Other Information**

- a. For a salon location address, name or ownership change, a new salon application must be submitted prior to changing locations.

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

**Section I – Application Type**

CHECK ONE OF THE TRANSACTION TYPES (Use multiple forms if more than one transaction is applicable)	
<input type="checkbox"/> Salon Mailing Address Change [9006] Complete Sections I, II and IV. <input type="checkbox"/> Close Salon [8080] Complete Sections I, III and IV.	
Salon Name:	Salon License Number:
Contact Person Name:	Phone Number:
Contact Person Email:	Salon Email:

**Section II – Salon Mailing Address Change**

NEW MAILING ADDRESS		
Street Address		
City	State	Zip Code (+4 Optional)
County	Country	
Signature of Authorized Representative		Date
Name of Authorized Representative		

**Section III – Close Salon**

SALON INFORMATION	
Signature of Authorized Representative	Date
Name of Authorized Representative	



**Section IV – Affirmation By Written Declaration****AFFIRMATION BY WRITTEN DECLARATION**

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.**

Signature:

Date:

Print Name: