

As a result of Governor Ron DeSantis signing HB 1091 into law, initial licensure fees are reduced by 50% for Fiscal Years 2023/2024 and 2024/2025.

The total amount to be submitted for this application has been reduced from \$59.00 to \$47.00.

Please submit payment in the amount of \$47.00 with this application.

State of Florida
Department of Business and Professional Regulation
Board of Cosmetology
Application for Registration by Endorsement
Form # DBPR COSMO 4-A

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

APPLICATION	APPLICATION REQUIREMENTS
Nail Specialist or Facial Specialist or Full Specialist by Endorsement	<input type="checkbox"/> Complete this application. <input type="checkbox"/> Pay \$59 fee (make check payable to Department of Business and Professional Regulation). <input type="checkbox"/> Submit a certification of licensure from state where applicant holds a current and active specialist license/registration. Certification must verify a current and active license and the number of educational hours completed. <input type="checkbox"/> Submit certificate of completion from a board-approved Initial HIV/AIDS course. <input type="checkbox"/> Submit a copy of the Certificate of Completion from the approved specialist training program

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 Specialty Registration

- a. Applicant must be at least 16 years of age or have received a high school diploma.
- b. Applicant must possess a Social Security number to apply.
- c. Applicant must:
 - i. Hold a current and active license or registration in another state whose requirements are substantially similar to, equivalent to, or greater than the qualifications required of applicants from Florida.
 - ii. Provide certification of licensure from state where applicant holds a current and active specialist license/registration. Certification must verify a current and active license and the number of educational hours completed.
- d. Applicant must submit a copy of the Certificate of Completion from the approved specialist training program.
- e. Applicant must submit a course completion certificate from a board-approved Initial HIV/AIDS course provider with their application. The board-approved Initial HIV/AIDS course must have been completed within two years of submitting an application, and the course must be at least 4 hours long. Refer to the list of board-approved Initial HIV/AIDS Courses.

2. Application Instructions (by section)

- a. **Section I**
 - i. Check only one of the application types.
- b. **Section II**
 - i. Fill out each section completely.
 - 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.
 - iv. Applicant's addresses are used only for Department purposes and will not be printed on the license.
- c. **Section III**

- i. If applying for registration by endorsement, which means that the applicant holds a current and active license or registration in another state whose requirements are equal to or more stringent than Florida requirements, applicant must submit a certification of licensure with their application. **If applying for registration by endorsement, which means that the applicant holds a current and active license or registration in another state whose requirements are equal to or more stringent than Florida requirements. Applicant must only submit a license certification from the state where applicant holds a current and active license/registration, so long as the certification verifies the number of educational hours completed.**
 - (1) Applicants for registration by endorsement for Nail Specialist must have completed at least 180 hours of training prior to being registered as a specialist.
 - (2) Applicants for registration by endorsement for Facial Specialist must have completed at least 220 hours of training prior to being registered as a specialist.
 - (3) Applicants for registration by endorsement for Full Specialist must have completed at least 400 hours of training prior to being registered as a specialist. Full Specialists must have completed 180 hours of nail specialty training and 220 hours of facial specialty training, for a total of 400 hours or more of training.
 - ii. Indicate the states in which the applicant has held licenses.
 - iii. Applicant must take a board-approved Initial HIV/AIDS course and submit a certificate of completion along with the application. Refer to the list of board-approved Initial HIV/AIDS Courses.
- d. Section IV (a), (b), and (c)**
- i. Question 1:
 - (1) If you answer “yes” to this question, you must complete Section IV (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
 - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
 - ii. Question 2:
 - (1) If you answer “yes” to this question, you must complete Section IV (b) [*make additional copies as necessary*] of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
 - iii. Question 3:
 - (1) If you answer “yes” to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
 - iv. Question 4:
 - (1) If you answer “yes” to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
- e. 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.

3. Other Information

- a. Post-Registration Procedures
 - i. A Cosmetologist, Facial Specialist, Nail Specialist and Full Specialist must renew his or her license on or before October 31 of every other year, according to the fee schedule as outlined in Rule 61G5-24.008, Florida Administrative Code.
 - ii. Prior to the expiration of each licensure period, all licensed Cosmetologists, Facial Specialists, Nail Specialists and Full Specialists shall complete a minimum of 10 hours of continuing education. Please see Rule 61G5-32.001, Florida Administrative Code, for details concerning what subjects areas must be completed for continuing education credit.

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

Section I - Application Type

CHECK ONE OF THE APPLICATION TYPES
<input type="checkbox"/> Nail Specialist Registration by Endorsement [0507/1032]
<input type="checkbox"/> Facial Specialist Registration by Endorsement [0508/1032]
<input type="checkbox"/> Full Specialist Registration by Endorsement [0509/1032]

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	
CONTACT INFORMATION			
Primary Phone Number	Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number	Fax Number		
Alternate 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 II – Applicant Information – continued

CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
PRIOR NAME INFORMATION			
Have you used, been known as, or are currently known by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

Section III – Specialty Registration by Endorsement

SPECIALTY REGISTRATION BY ENDORSEMENT
NOTE: To be eligible for specialty registration by endorsement, out-of-state applicants must hold a current and active license to practice a cosmetology specialty, and applicants for:
<ol style="list-style-type: none"> 1. Nail Specialist must have completed 180 hours or more of training; 2. Facial Specialist must have completed 220 hours or more of training; 3. Full Specialist must have completed 180 hours of nail specialty training and 220 hours of facial specialty training, for a total of 400 hours or more of training; 4. Applicant must submit a copy of the Certificate of Completion from the approved specialist in training program.
List any states in which you are currently or were previously licensed:
1.
2.
3.

Section IV (a) – Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, please complete Section IV(b))	<input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer “NO” because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	<input type="checkbox"/> Yes (If yes, please complete Section IV(b))	<input type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	<input type="checkbox"/> Yes (If yes, please complete Section IV(c))	<input type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	<input type="checkbox"/> Yes (If yes, please complete Section IV(c))	<input type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered “YES” to any question in questions 1-4 above, please refer to Section 2 (c) of Instructions for instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section IV (b) for your response to questions 1 and 2, and complete Section IV (c) for your response to questions 3 and 4. If you have more than two offenses to document in Section IV (b), or more than one offense to document in Section IV (c), attach additional pages as necessary.

Section IV (b) – Explanation(s) for Background Questions 1 and 2

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section IV (b) – Explanation(s) for Background Questions 1 and 2 - continued

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section IV (c) – Explanation(s) for Background Questions 3 and 4

EXPLANATION	

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:	

VOLUNTARY CRIMINAL HISTORY INFORMATION:

Beginning October 1st, 2019, new provisions went into effect which require the board to collect additional information regarding an applicant's background. Section 455.213, Florida Statutes, requires the board to identify the date of conviction, finding of guilt, plea, or adjudication entered, or date of sentencing, for each crime reported.

PLEASE NOTE: You are NOT required to answer the questions below. Your application WILL NOT be considered insufficient for failing to answer these questions.

The questions below only pertain to the background of the APPLICANT. The questions below DO NOT pertain to the background of any authorized representatives listed in the application.

If you have more offenses to document, you may attach additional pages as necessary.

EXPLANATION
Name of person to whom this explanation relates:
Offense:
Was the penalty/disposition a result of a plea or a trial? <input type="checkbox"/> Plea <input type="checkbox"/> Trial
Was adjudication withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Conviction, Finding of Guilt, or Plea:
Date of Sentencing:

EXPLANATION
Name of person to whom this explanation relates:
Offense:
Was the penalty/disposition a result of a plea or a trial? <input type="checkbox"/> Plea <input type="checkbox"/> Trial
Was adjudication withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Conviction, Finding of Guilt, or Plea:
Date of Sentencing: