

**State of Florida**  
**Department of Business and Professional Regulation**  
**Florida Barbers' Board**  
**Application for Initial License by Examination Based on Florida Education**  
**Form # DBPR BAR 1**

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

| APPLICATION                          | APPLICATION REQUIREMENTS  |
|--------------------------------------|---|
| <b>Barber Examination</b>            | <input type="checkbox"/> Pay \$223.50 fee if applying between April 1 <sup>st</sup> of even years through July 31 <sup>st</sup> of odd years; or \$173.50 if applying between August 1 <sup>st</sup> of odd years through March 31 <sup>st</sup> of even years. (Make check payable to Department of Business and Professional Regulation.)<br><input type="checkbox"/> Submit certificate of completion of board-approved HIV/AIDS course. (The 4 hour course for cosmetology cannot substitute for the 2 hour course for barbers)<br><input type="checkbox"/> Submit school certification of a minimum of 1,000 hours of schooling. |
| <b>Restricted Barber Examination</b> | <input type="checkbox"/> Pay \$244.50 fee if applying between April 1 <sup>st</sup> of even years through July 31 <sup>st</sup> of odd years; or \$194.50 if applying between August 1 <sup>st</sup> of odd years through March 31 <sup>st</sup> of even years. (Make check payable to Department of Business and Professional Regulation.)<br><input type="checkbox"/> Submit certificate of completion of board-approved HIV/AIDS course. (The 4 hour course for cosmetology cannot substitute for the 2 hour course for barbers)<br><input type="checkbox"/> Submit school certification of a minimum of 1,000 hours of schooling. |

**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 Barber License

- 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. Complete at least 1,000 hours of training at a Florida barbering school and be determined competent by a school official to sit for the barbering exam, **OR**
  - ii. Complete a minimum of 1,200 hours of training at a Florida barbering school.
- d. Applicant must submit a course completion certificate from a board-approved HIV/AIDS course provider with their application. The board-approved HIV/AIDS course must have been completed within two years prior to submitting an application, and the course must be at least 2 hours long. Refer to the list of board-approved HIV/AIDS courses <http://www.myfloridalicense.com/dbpr/servop/testing/CErequirementsbyboard.html>
- e. Fees:
  - i. Full barber: \$223.50 if applying between April 1<sup>st</sup> of even years through July 31<sup>st</sup> of odd years; or \$173.50 if applying between August 1<sup>st</sup> of odd years through March 31<sup>st</sup> of even years. (make check payable to Department of Business and Professional Regulation).
  - ii. Restricted barber: \$244.50 if applying between April 1<sup>st</sup> of even years through July 31<sup>st</sup> of odd years; or \$194.50 if applying between August 1<sup>st</sup> of odd years through March 31<sup>st</sup> of even years. (make check payable to Department of Business and Professional Regulation).

#### 2. Application Instructions (by section)

- a. Section I- Application Type
  - (1) Check only one of the application types.
- b. Section II- Applicant Information
  - i. Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
  - ii. In the "FULL LEGAL NAME" section, provide your full legal name as it appears on your Social Security card. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
  - iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
  - iv. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
  - v. Applicant's addresses are used only for Department purposes and will not be printed on the license.
  - vi. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
  - vii. Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
  - viii. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.
- c. Section III – Barber License by Initial Examination Based on Florida Education
  - i. Please have a school official complete all relevant data in Section III.
  - ii. An applicant is eligible to sit for the examination following completion of at least 1,000 hours of course work provided that the school official of the school or program certifies that the applicant has met the minimum competency standards of performance as prescribed in Chapter 61G3-16.001, Florida Administrative Code. Please check box 1 and indicate date completed on space provided. This section may not be completed until the student has fulfilled all schooling requirements. Projected dates are not accepted.
  - iii. If the student is being given credit for educational hours obtained from another school or institution, please indicate the number of hours credited from the other school, as well as the hours or credits actually obtained through the current school.
  - iv. School official must sign, date, and print name.
- d. Section V (a), (b), and (c)- Background Questions
  - i. Applicants must submit answers to each of the background questions.
  - ii. Question 1:
    - (1) If you answer "yes" to this question, you must complete Section V (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.
  - iii. Question 2:
    - (1) If you answer "yes" to this question, you must complete Section V (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.
  - iv. Question 3:
    - (1) If you answer "yes" to this question, you must complete Section V (c) [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
  - v. Question 4:

- (1) If you answer “yes” to this question, you must complete Section V (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 VI- Affirmation by Written Declaration
- 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. 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 barbering examination. The website for Pearson VUE is [www.pearsonvue.com](http://www.pearsonvue.com).

#### b. Employment Eligibility

**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.**

- i. Please see Florida Barbers’ Board FAQs for additional information  
<http://www.myfloridalicense.com/dbpr/pro/barb/faq.html>
- 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/CErequirementsbyboard.html>

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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**.  
**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"/> Barber License by Initial Examination Based on Florida Education [0301/1010]            |
| <input type="checkbox"/> Restricted Barber License by Initial Examination Based on Florida Education [0302/1010] |

**Section II – Applicant Information**

| APPLICANT INFORMATION                                 |   |                        |        |
|---|---|------------------------|--------|
| Social Security Number*                               |   |                        |        |
| FULL LEGAL NAME                                       |   |                        |        |
| Last/Surname  | First   | Middle                 | Suffix |
| Birth Date (MM/DD/YYYY)<br>/ /                        | Gender<br><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)<br>/ / | Date (To)<br>/ / |
| License Number  |       | Name Used          |                  |
| 2. License/Registration Type  | State | Date (From)<br>/ / | Date (To)<br>/ / |
| License Number  |       | Name Used          |                  |
| 3. License/Registration Type  | State | Date (From)<br>/ / | Date (To)<br>/ / |
| 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 – Barber License by Initial Examination Based on Florida Education**

| BARBER SCHOOL OFFICIAL MUST COMPLETE THIS SECTION   |   |
|---|---|
| School Name   | School Phone Number (include area code) |
| School Address  |   |
| Student Name  | Enrollment Date                         |
| THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT HAS:  |   |
| <input type="checkbox"/> 1. Completed _____ hours or more of training on _____ * and has been deemed to have met the minimum competency standards of performance by the School Official of the school or program.   |   |
| <input type="checkbox"/> 2. The applicant has been evaluated for previous schooling and is given credit for _____ hours and has actually attended this school for _____*hours. (Only actual school hours may be evaluated – experience/apprentice training, seminars, etc. are not accepted as a basis for evaluation.). The documents used for evaluation must be submitted with this application. |   |
| Date ____ / ____ / ____.  |   |
| Signature of School Official _____.   |   |
| Printed/Typed Name of School Official _____.  |   |
| * This date cannot be projected. School may not sign this application until student has actually completed the minimum requirement of hours.  |   |

**Section V (a) – Background Questions**

| <b>BACKGROUND QUESTIONS</b> |   |                             |  |
|-----------------------------|---|-----------------------------|--|
| 1.                          | <input type="checkbox"/> Yes<br>(If yes, please complete Section V (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<br>(If yes, please complete Section V (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<br>(If yes, please complete Section V (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<br>(If yes, please complete Section V (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 V of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section V (b) for your response to questions 1 and 2, and complete Section V (c) for your response to questions 3 and 4. If you have more than two offenses to document in Section V (b), or more than one offense to document in Section V(c), attach additional pages as necessary.

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

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

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

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

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

| EXPLANATION        |                                 |
|--------------------|---------------------------------|
| State/Jurisdiction | Application Type/License Number |
|                    |                                 |
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**Section VI – 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. <b>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.</b></p> |      |
| Signature  | Date |
| Print Name   |      |