

State of Florida
Department of Business and Professional Regulation
Florida Barbers' Board
Application for License by Endorsement
Form # DBPR BAR 4

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

APPLICATION	APPLICATION REQUIREMENTS
Barber License by Endorsement	<ul style="list-style-type: none"> <input type="checkbox"/> Pay \$255, if applying between April 1st of even years through July 31st of odd years; or \$205, if applying between August 1st of odd years through March 31st of even years. (Make check payable to Department of Business and Professional Regulation). <input type="checkbox"/> For out-of-country applicants, submit an education evaluation conducted by a credential evaluation service that is a member of the National Association of Credential Evaluation Services. Please visit www.naces.org for a list of evaluators or you may use the list attached to the back of this application. <input type="checkbox"/> For Out-Of-State applicants, submit a license certification from the state where you hold a current, active license. <input type="checkbox"/> Submit certification of completion of board-approved HIV/AIDS course within last two years. (The 4 hour course for cosmetology cannot substitute for the 2 hour course for barbers.) <input type="checkbox"/> Submit verification of hours (optional). <input type="checkbox"/> Submit verification of exams (optional).

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 by Endorsement

- 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. Out of Country or U.S. Territory Applicant must:
 - i. Be currently licensed to practice barbering in another country or U.S. Territory;
 - ii. Have passed a written examination for licensure that is comparable to or more stringent than the examination required of applicants from Florida; AND
 - iii. Demonstrate completion of at least 900 barbering school hours covering the subjects of safety, sanitation, and sterilization, hair structure and chemistry, hair cutting, shampooing, chemical services, and shaving services or an apprenticeship program of at least 900 hours, or a combination thereof.
 - iv. Applicant must provide an education evaluation conducted by a credential service which is a member of the National Association of Credential Evaluation Services (NACES). A list of authorized NACES members is attached to this application or can be accessed at www.naces.org.
- d. **OUT-OF-STATE APPLICANTS MUST:**
 - i. Be currently licensed to practice barbering in another state.
 - ii. Submit a license certification from the state in which a current, active license is held.
- e. 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 of submitting an application. Refer to the list of board-approved HIV/AIDS courses.
http://www.myfloridalicense.com/dbpr/servop/testing/documents/barb_ce_prov.pdf

- f. Fee: \$255, if applying between April 1st of even years through July 31st of odd years; or \$205, if applying between August 1st of odd years through March 31st of even years (make check payable to Department of Business and Professional Regulation).

2. Application Instructions (by section)

- a. Section I
- i. Use this application if you are applying for a Florida license.
- 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.
 - v. Please list all states or countries where you have held a license to practice barbering.
 - vi. List the date each license was acquired.
 - vii. All names, prior or current, other than the name signed to the application must be listed.
- c. Section III
- i. If the applicant holds a current and active license to practice barbering in another state or country, the applicant may be eligible for licensure by endorsement.
 - ii. Please list all states or countries where you have held a license to practice barbering.
 - iii. List the date each license was acquired.
 - iv. Applicant must only submit a licensure certification from the state in which the applicant currently holds an active license for barbering. **A certificate of licensure can be obtained by contacting that state's barber licensing organization.** The certificate of licensure must bear the state seal and indicate verification of hours completed in school and passing scores on the examination.
 - v. Applicant must take a board-approved HIV/AIDS course and submit a certificate of completion along with the application.
- d. Section IV
- i. Applicant must indicate that they have read and understand the laws and rules governing the practice of barbering in Florida.
- e. Section V (a), (b), and (c)
- i. 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.
 - ii. 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.
 - iii. 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.
 - iv. 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.
- f. Section VI
- 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-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/documents/barb_ce_prov.pdf

State of Florida
Department of Business and Professional Regulation
Florida Barbers' Board
Application for Initial License by Endorsement
Form # DBPR BAR 4

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 APPLICATION TYPE
<input type="checkbox"/> Barber License by State Endorsement [0301/1035]
<input type="checkbox"/> Barber License By Another Country or U.S. Territory Endorsement [0301/1032]

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 – Barber License by Endorsement

LICENSURE BY ENDORSEMENT	
NOTE: To be eligible for licensure by endorsement, U.S. Territory and out-of-country applicants must hold a current and active license from a U.S. Territory or country whose licensure requirements require at least 900 hours of schooling in a program comparable to or more stringent than that required of Florida, covering the subjects of safety, sanitation and sterilization, hair structure and chemistry, hair cutting, shampooing, chemical services, and shaving, or an apprenticeship program of at least 900 hours, or a combination thereof, and have passed a written examination.	
Please indicate all territories or countries where the applicant has held a Barber's license and the date acquired.	
U.S. Territory or Country:	Date Acquired:
1.	/ /
2.	/ /
3.	/ /

Section IV – Florida Law and Rules

FLORIDA LAWS AND RULES
<input type="checkbox"/> In accordance with 61G3-16.005(5), Florida Administrative Code, I certify that I have read and understand and will abide by the laws and rules which govern the practice of barbering in Florida, Chapters 455 and 476, Florida Statutes, and Chapter 61G3, Florida Administrative Code.

Section V (a) – Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (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 (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 (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 (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 3(e) of Instructions for 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

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 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. 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	

NACES MEMBERS IN FLORIDA:

Josef Silny & Associates, Inc.
International Education Consultants
 7101 S.W. 102 Avenue
 Miami, FL 33173
 Phone: (305) 273-1616
 Fax: (305) 273-1338
 Fax: (305) 273-1984 (Translations)
 email: info@jsilny.com
 http://www.jsilny.com

NACES MEMBERS IN OTHER STATES:

CONTACT www.naces.org or one of the following organizations:

Education Evaluators International, Inc.
 Providence, R.I.
 Phone: (401) 521-5340

Foreign Educational Document Service
 Stockton, CA
 Phone: (209) 948-6589

Education International, Inc.
 Wellesley, MA
 Phone: (781) 235-7425

Foundation for International Services, Inc.
 Lynnwood, Washington
 Phone: (425) 248-2255

Educational Credential Evaluators, Inc.
 Milwaukee, WI
 Phone: (414) 289-3400

Global Services Associates, Inc.
Marina del Rey, CA
Phone: (310) 828-5709

Educational Perspectives, nfp.
 Chicago, IL
 Phone: (312) 421-9300

Internat'I Consultants of Delaware, Inc.
 Philadelphia, PA
 Phone: (215) 222-8454

Educational Records Eval Service, Inc.
 Sacramento, CA 95825
 Phone: (916) 921-0790

Int'I Ed. Research Foundation, Inc.
 Culver City, CA
 Phone: (310) 258-9451

e-ValReports
 Mukilteo, WA

SpanTran Educational Services, Inc.
 Houston, TX
 Phone: (713) 266-8805

Evaluation Service, Inc.
 Hopewell Jct., NY
 Phone: (845) 223-6455

World Education Services, Inc.
 New York, NY
 Phone: (212) 966-6311

Foreign Academic Credential Serv, Inc.
 Glen Carbon, IL
 Phone: (618) 656-5291

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: