

State of Florida
Department of Business and Professional Regulation
Florida Barbers' Board
Individual Change of Status Transactions
Form # DBPR BAR 9

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 \$10 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 \$100 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.
 - ii. Fill out each section completely.
- 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

CHANGE OF STATUS		
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	