

State of Florida
Department of Business and Professional Regulation
Board of Cosmetology
Individual Change of Status Transactions
Form # DBPR COSMO 11

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 \$5 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 \$50 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.

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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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"/> 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

| LICENSEE INFORMATION | | |
|----------------------|---------------------------------|-----------------------------------|
| 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: | |