

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Cosmetology**  
**Application for Reexamination**  
**Form # DBPR COSMO 3**

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

APPLICATION	APPLICATION REQUIREMENTS
<b>Reexamination Application</b>	<input type="checkbox"/> Complete all portions of this application. <input type="checkbox"/> Pay \$18.50 fee (Make check payable to 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. General Requirements for Reexamination**

- a. Applicant only completing 1,000 hours of education in Florida prior to taking the initial examination must return to school and complete the remaining 200 hours of education before applying for reexamination. Completion of 1,200 hours and date of completion must be verified by the school official.
- b. Applicant must pass both portions of the cosmetology examination within a two-year period from the date of the first attempt of either portion of the examination. If both portions of the examination are not passed within a two-year period, applicant is required to pass both portions of the examination again. If applicant fails either portion of the examination on the first attempt, applicant can submit a reexamination application without any additional signatures from the cosmetology school.
- c. Applicant must submit a new course completion certificate from a board-approved Initial HIV/AIDS course provider with their application if the course completion certificate provided with the applicant's initial examination application is over two years old. The board-approved Initial HIV/AIDS course must be at least 4 hours long. Please see the list of board-approved [Initial HIV/AIDS Courses](#).

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

- a. **Section I**
  - i. Use this application if you are applying to retake the licensure examination.
- 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.
- c. **Section III**
  - i. If this is your second examination attempt, and your first attempt was after completing 1,200 schooling hours or was based on out-of-state licensure, no action by a school official is required. Please check the box that applies to you and skip to Section IV.
  - ii. If this is your second examination attempt, and your first attempt was after completing 1,000 hours of education in Florida prior to taking the initial examination, a school official must complete all information contained under the heading **TO BE COMPLETED BY SCHOOL OFFICIAL**.
  - iii. Check the box that correctly applies to the applicant.
  - iv. Please indicate the name, address, and phone number of the school where any additional training was completed.
  - v. School official must sign, date, and print name.

**d. Section IV**

- i. Applicant must 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 written cosmetology examination. The website for Pearson VUE is [www.pearsonvue.com](http://www.pearsonvue.com).

**b. Employment Eligibility**

- i. **An applicant is eligible to begin working under the supervision of a licensed Cosmetologist upon passing both parts of the examination within a two-year period. Applicant must submit to the salon owner a copy of the results of the examination and the examination results must be posted at their work station.**
  - ii. **Please see [Florida Board of Cosmetology FAQs](#) for additional information.**
- c. Post-Licensure Procedures**
- i. A Cosmetologist 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 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**

APPLICATION TYPE
<input type="checkbox"/> Application for Reexamination [0501/1011]

**Section II – Applicant Information**

PERSONAL INFORMATION			
Social Security Number*			
Last/Surname	First	Middle	Suffix
Email Address:		Phone Number:	
MAILING ADDRESS			
Street address or P.O. Box			
City	State	Zip Code	
County (if Florida address)	Country		

\* 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 III – Reexamination Information**

REEXAMINATION CATEGORIES
<b>Note: If applicant meets requirements below, certification of a school official is not necessary.</b>
<input type="checkbox"/> <b>Second examination attempt</b> , after having <b>completed 1,200 hours of schooling prior to first attempt.</b>
<input type="checkbox"/> <b>Second examination attempt</b> and eligibility for examination based on another <b>country or U.S. Territory licensure.</b>



**Section III – Reexamination Information – continued**

REEXAMINATION CATEGORIES REQUIRING SCHOOL OFFICIAL CERTIFICATION	
THIS IS TO CERTIFY THAT THE STUDENT NAMED BELOW IS MAKING:	
<input type="checkbox"/> A <b>second examination attempt</b> , and the applicant has completed an <b>additional 200 hours</b> of schooling from a Florida approved school of cosmetology <b>after completing 1,000 hours</b> of schooling prior to first exam.	
<b>Name of School</b>	
<b>Address of School</b>	
<b>Date Student Enrolled</b>	<b>School Phone Number (include area code)</b>
<b>Signature of School Official</b>	<b>Date</b> /      /
<b>Printed/Typed Name of School Official</b>	

**Section IV – Affirmation By Written Declaration**

AFFIRMATION BY WRITTEN DECLARATION	
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>	
Signature:	Date:
Print Name:	