

State of Florida
Department of Business and Professional Regulation
Board of Cosmetology
Application for Hair Braiding, Hair Wrapping and Body Wrapping Registration
Form # DBPR COSMO 5

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

APPLICATION	APPLICATION REQUIREMENTS
Hair Braiding Registration	<input type="checkbox"/> Complete all sections of this application. <input type="checkbox"/> Pay \$25 fee (make check payable to Department of Business and Professional Regulation). <input type="checkbox"/> Submit certificate of completion of the minimum two-day, 16-hour course requirement.
Hair Wrapping Registration	<input type="checkbox"/> Complete all sections of this application. <input type="checkbox"/> Pay \$25 fee (make check payable to Department of Business and Professional Regulation). <input type="checkbox"/> Submit certificate of completion of the minimum one-day, 6-hour course requirement.
Body Wrapping Registration	<input type="checkbox"/> Complete all sections of this application. <input type="checkbox"/> Pay \$25 fee (make check payable to Department of Business and Professional Regulation). <input type="checkbox"/> Submit certificate of completion of the minimum two-day, 12-hour course requirement.

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 Hair Braiding, Hair Wrapping or Body Wrapping Registration

- 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 complete a board-approved, two-day, 16-hour hair braiding course; a board-approved, one-day, 6-hour hair wrapping course; or a board-approved, two-day, 12-hour body wrapping course. A list of board-approved providers is available on the board's website at www.MyFloridaLicense.com > Doing Business with us > Cosmetology > Bureau of Education and Testing > Continuing Education Information. A copy of the course completion certificate must be submitted with the application.

2. Application Instructions (by section)

a. Section I

- i. Check only one of the application types, and complete Sections **II through IV**.

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. If licensed in any other state(s), indicate the other state's license number, license effective date, and license expiration date.
- vi. Applicant should list all prior names.

c. Section III (a), (b), and (c)

- i. Question 1:
 - (1) If you answer “yes” to this question, you must complete Section III (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 III (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 III (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 III (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.

d. Section IV

- 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. Course providers should supply a course completion certificate to all students upon completion of the course.
- b. Employment Eligibility
 - i. Applicants may begin working after the submission of a complete application to the Department of Business and Professional Regulation, including a copy of their course completion certificate, payment of required fees, and upon notification that their application is complete. Applicants may work in a licensed salon pending receipt of their registration or until they receive notification that their application is incomplete so long as the salon owner or their representative is provided with a copy of the applicant’s completed registration application.
 - ii. Please see [Florida Board of Cosmetology FAQs](#) for additional information.
- c. Post-Licensure Procedures
 - i. All Hair Braiders, Hair Wrappers, and Body Wrappers must renew his or her registration 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 registrants shall complete a board-approved HIV/AIDS training course for renewal.

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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"/> Hair Braiding Registration [0506/1030]	<input type="checkbox"/> Hair Wrapping Registration [0505/1030]	<input type="checkbox"/> Body Wrapping Registration [0504/1030]

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 (a) – Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, please complete Section III (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 III (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 III (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?

Section III (a) – Background Questions – continued

4.	<input type="checkbox"/> Yes (If yes, please complete Section III (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?
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If you answered “YES” to any question in questions 1-4 above, please refer to Section 2(c) of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section III (b) for your response to questions 1 and 2, and complete Section III (c) for your response to questions 3 and 4. If you have more than three offenses to document in Section III (b), or more than one offense to document in Section III(c), attach additional pages as necessary.

Section III (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	

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 III (b) – Explanation(s) for Background Questions 1 and 2 – continued

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 III (c) – Explanation(s) for Background Questions 3 and 4

EXPLANATION

Section IV – 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:	