

**INSTRUCTIONS FOR COMPLETING  
BOARD OF COSMETOLOGY LICENSURE BY ENDORSEMENT  
AND SPECIALTY LICENSURE BY ENDORSEMENT APPLICATION**

**Application begins on page 3**

*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.*

Changes to your address should be mailed to the department using DBPR 0080-1 Request for Address or Name Change form. Failure to inform the department of address changes may result in delays in processing your application and your license being mailed to an incorrect address.

**All cosmetologist applicants must obtain their license before working in Florida.**

**All application fees are non-refundable.**

Please refer to the appropriate instructions below for either cosmetology licensure by endorsement or specialty licensure by endorsement for further explanation in completing this application.

**LICENSURE BY ENDORSEMENT:**

The requirements for individuals qualifying for a license by endorsement are set forth in Rules 61G5-18.007 and 61G5-29.011, Florida Administrative Code. The following items correspond to the specific items you must complete on the application itself.

**A. ENDORSEMENT - COSMETOLOGIST**

Indicate in which state you are currently licensed to practice cosmetology. A certification of licensure from that state must be sent to the department with this application. If the state(s) cannot certify at least 1,200 hours of training and/or exam, you can provide training transcripts and exam documentation. Individuals who are currently licensed in several states must provide an original certification from each state. **Apprenticeship licenses are NOT endorseable.**

**B. ENDORSEMENT - SPECIALIST**

Select appropriate category of specialty license. Indicate the state in which you are currently licensed. A certification of licensure from that state must be sent to the department with this application. Individuals who are currently licensed in several states must provide an original certification from each state.

**C. HIV/AIDS COURSE REQUIREMENT**

Pursuant to Rule 61G5-18.011, Florida Administrative Code, applicants for initial licensure and licensure renewal must complete a board approved course on HIV/AIDS. When you have completed a board approved course, attach a copy of your certificate of completion to this application. Failure to include a copy of your certificate of completion will result in your application being deemed incomplete and will delay further processing.

**APPLICATION CHECKLIST:**

Select the appropriate transaction below and comply with the corresponding application requirements.

TRANSACTION	APPLICATION REQUIREMENTS
<p><b>Initial Cosmetology Licensure by Endorsement</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay <b>\$105</b> fee, which includes a non-refundable application fee of \$50, an unlicensed activity fee of \$5, and a licensure fee of \$50 (make check payable to Department of Business and Professional Regulation)</li> <li><input type="checkbox"/> Complete DBPR 0010 Master Individual Application form</li> <li><input type="checkbox"/> Complete DBPR 0050 -1– Explanatory Information for Background Questions (if applicable)</li> <li><input type="checkbox"/> Complete DBPR 0060 -1 – General Explanatory Description (if applicable)</li> <li><input type="checkbox"/> DBPR CL-4404 – Board of Cosmetology Licensure by Endorsement Application form</li> <li><input type="checkbox"/> Submit certificate(s) of licensure</li> <li><input type="checkbox"/> Submit certificate of completion for the HIV/AIDS course</li> <li><input type="checkbox"/> Submit official transcripts (if applicable)</li> <li><input type="checkbox"/> Submit examination documentation (if applicable)</li> </ul>
<p><b>Initial Specialty Licensure by Endorsement</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay <b>\$85</b> fee, which includes a non-refundable application fee of \$30, an unlicensed activity fee of \$5, and a licensure fee of \$50 (make check payable to Department of Business and Professional Regulation)</li> <li><input type="checkbox"/> Complete DBPR 0010 Master Individual Application form</li> <li><input type="checkbox"/> Complete DBPR 0050 -1 – Explanatory Information for Background Questions (if applicable)</li> <li><input type="checkbox"/> Complete DBPR 0060 -1 – General Explanatory Description (if applicable)</li> <li><input type="checkbox"/> DBPR CL-4404 – Board of Cosmetology Licensure by Endorsement Application form</li> <li><input type="checkbox"/> Submit certificate(s) of licensure</li> <li><input type="checkbox"/> Submit certificate of completion for HIV/AIDS course</li> </ul>

Please send your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation  
 1940 North Monroe Street  
 Tallahassee, FL 32399-0783

[www.MyFlorida.com/dbpr](http://www.MyFlorida.com/dbpr)

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

PERSONAL INFORMATION				
Social Security Number*				
Last Name		First	Middle	Title Suffix
Birth Date (MM/DD/YYYY) / /		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
Race/Ethnicity (check only one): <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Spanish, Hispanic or Latino <input type="checkbox"/> Other				
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		
BUSINESS LOCATION ADDRESS				
Business/Firm Name				
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	

\*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

PRIOR LICENSE INFORMATION			
If you currently or previously have held a business or professional license/registration in Florida or elsewhere, please list them below:			
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	

BACKGROUND INFORMATION			
1.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withhold of adjudication? This question applies to any 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 943.058, 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 WILL 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.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Has any license, registration or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please utilize form 0050-1 for your responses to questions 1 and 2, and form 0060-1 for your responses to questions 3 and 4. If you have more than seven offenses to document on form 0050-1, attach additional copies of form 0050-1 as necessary.

PRIOR NAME INFORMATION				
Have you used, been known as, or called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

**ATTEST STATEMENT**

I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.

I have successfully completed the education, if any, required for the level of licensure, registration, or certification sought.

I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.

I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.

I understand the types of misconduct for which disciplinary proceedings may be initiated.

Giving knowingly misleading statements or knowing misrepresentation when applying for a license constitutes a felony of the third degree and may result in licensure denial or revocation.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**DBPR 0050-1 – Explanatory Information for Background Questions**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION  
NOTE – This form must be submitted as part of an  
application packet**

PERSONAL INFORMATION				
Last Name	First	Middle	Title	Suffix
Identify question number on form 0010 this explanation pertains to:				

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

Attach additional sheets as necessary



**DBPR CL-4404 – Board of Cosmetology Licensure by Endorsement Application**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL  
REGULATION  
1940 North Monroe Street  
Tallahassee, FL 32399-0783**

**NOTE – This form must be submitted as part of an  
application packet**

*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.*

<b>CHECK TRANSACTION REQUESTED</b>
<b>Transaction Type:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Initial Cosmetology Licensure by Endorsement</li><li><input type="checkbox"/> Initial Specialty Licensure by Endorsement (choose a category below)<ul style="list-style-type: none"><li><input type="checkbox"/> Nail Specialist (240 hours of schooling)</li><li><input type="checkbox"/> Facial Specialist (260 hours of schooling)</li><li><input type="checkbox"/> Full Specialist (500 hours of schooling) (Combines Nails and Facials)</li></ul></li></ul>

<b>APPLICANT INFORMATION</b>	
Applicant Name	Social Security Number*

\*NOTE: Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security Numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

<b>ENDORSEMENT INFORMATION</b>
<b>Cosmetology Licensure by Endorsement Only</b> Name of state in which you are currently licensed or previously held a license to practice cosmetology
<b>Specialty Licensure by Endorsement Only</b> Name of state in which you are currently licensed or previously held a license to practice a cosmetology specialty

**AFFIRMATION STATEMENT**

I hereby authorize any individual, company, or institution with whom I have been associated to furnish the Florida Department of Business and Professional Regulation with any information which they have on record or otherwise concerning my qualifications for professional licensure in Florida, and do hereby release the individual, company, or institution, and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

I further certify that all information furnished by me on this application and on all attachments is true and correct to the best of my knowledge and belief, and that I have read, understand, and agree to comply with the statutes and rules applicable to the practice of my profession in Florida.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_