

**State of Florida**  
**Department of Business and Professional Regulation**  
**Board of Cosmetology**  
**Application for Initial License by Endorsement**  
**Form # DBPR COSMO 4-B**

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

APPLICATION	APPLICATION REQUIREMENTS
<b>Cosmetology Licensure by Endorsement</b>	<input type="checkbox"/> Complete this application. <input type="checkbox"/> Pay \$95 fee (make check payable to Department of Business and Professional Regulation). <input type="checkbox"/> Submit certificate of completion from a board-approved Initial HIV/AIDS course. <input type="checkbox"/> Submit official transcripts (if applicable).

**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 Cosmetology License by Endorsement**

- 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:
  - i. Be currently licensed to practice cosmetology in another state;
  - ii. Demonstrate completion of at least 1,200 cosmetology school hours substantially similar to, equivalent to, or greater than the qualifications required of applicants from Florida; AND
  - iii. Passed a written examination for licensure that is substantially similar to, equivalent to, or greater than the qualifications required of applicants from Florida.
- d. Applicant must submit a course completion certificate from a board-approved Initial HIV/AIDS course provider with their application. The board-approved Initial HIV/AIDS course must have been completed within two years of submitting an application, and the course must be at least 4 hours long. Refer to the list of board-approved [Initial HIV/AIDS Courses](#).

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

**a. Section I**

- i. Check only one of the application types based on the following:
  - (1) If you are currently licensed to practice cosmetology in another state, can demonstrate that you have completed at least 1,200 cosmetology school hours, and passed a written examination for licensure, you are eligible for licensure by endorsement. Check "[Licensure by Endorsement](#)".
    - (a) Please refer to the "LIST OF STATES MEETING FLORIDA REQUIREMENTS" in the Instructions for a list of states that appear to meet the requirements for licensure by endorsement as of August 1, 2012.
      - (i) Holding a license from a state listed on "LIST OF STATES MEETING FLORIDA REQUIREMENTS" does not guarantee eligibility for licensure by endorsement. The list is intended only to guide potential applicants to choose the proper course for licensure.
      - (ii) If the state in which you were licensed does not appear on the "LIST OF STATES MEETING FLORIDA REQUIREMENTS" you may still be eligible for licensure by endorsement if you have completed at least 1,200 hours of cosmetology school, and passed a written examination prior to licensure.

- (b) Eligibility for licensure by endorsement is determined by the licensure requirements of the state that the applicant originally received their cosmetology license.
- (c) Applicants who hold an out-of-country license are not eligible for licensure by endorsement unless the license is held in a U.S. territory such as Puerto Rico, Guam, U.S. Virgin Islands, etc., and all other requirements for endorsement are met.

**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.

**c. Section III**

- i. If the applicant holds a current and active license to practice cosmetology in another state, the applicant may be eligible for licensure by endorsement.
- ii. To be eligible for licensure by endorsement an applicant must have:
  - (1) Completed at least 1,200 hours of schooling at a cosmetology school.
  - (2) Passed a written examination for licensure.
  - (3) Please see the "LIST OF STATES MEETING FLORIDA REQUIREMENTS", in the Instructions, to determine if your states' licensing requirements meet Florida's requirements for licensure by endorsement.
- iii. Please list all states where you have held a license to practice cosmetology.
- iv. List the date each license was acquired.
- v. Applicant must take a board-approved Initial HIV/AIDS course and submit a certificate of completion along with the application.
- vi. If the state in which the applicant was initially licensed to practice cosmetology is not listed on the "LIST OF STATES MEETING FLORIDA REQUIREMENTS", but the applicant meets Florida's requirements of 1,200 hours of schooling and passage of a written examination, please include a school transcript from the school where training was completed showing the number of hours actually completed, or a license certification verifying this information.

**d. Section IV (a), (b), and (c)**

- i. Question 1:
  - (1) If you answer "yes" to this question, you must complete Section IV (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 IV (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 IV (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 IV (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.

**e. 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.

### 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. Post-Licensure Procedures
  - i. A Cosmetologist, Facial Specialist, Nail Specialist and Full Specialist 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, Facial Specialists, Nail Specialists and Full Specialists shall complete a minimum of 16 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.

**LIST OF STATES MEETING FLORIDA REQUIREMENTS – IMPORTANT – If you are applying from a state listed below you likely qualify for licensure by endorsement.**

STATE/TERRITORY LIST				
Alabama	Alaska	Arkansas	Arizona	California
Colorado	Connecticut	Delaware	District of Columbia	Georgia
Guam	Hawaii	Idaho	Iowa	Illinois
Indiana	Kansas	Kentucky	Louisiana	Maryland
Maine	Michigan	Minnesota	Missouri	Mississippi
Montana	New Mexico	North Carolina	North Dakota	Nebraska
New Hampshire	New Jersey	Nevada	Ohio	Oklahoma
Oregon	Pennsylvania	South Carolina	South Dakota	Tennessee
Texas	Utah	Virginia	Vermont	Washington
Wisconsin	West Virginia			

**\*\*\* Holding a license from a state listed above does not guarantee eligibility for licensure by endorsement. The list is intended only to guide potential applicants to choose the proper course for licensure.**

**\*\*\*If the state in which you are licensed is not included on the above list, yet you have completed at least 1,200 hours of schooling and passed a written exam prior to admittance as a Cosmetologist you may still qualify for licensure by endorsement. Please submit a transcript from your school indicating the number of hours completed and documents verifying passage of a written exam, or a license certification verifying this information.**

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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"/> Cosmetology License by Endorsement [0501/1032]

**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**

<b>CURRENT/PRIOR LICENSE INFORMATION</b>			
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	
<b>PRIOR NAME INFORMATION</b>			
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 – Cosmetology License by Endorsement**

<b>LICENSURE BY ENDORSEMENT</b>	
<b>NOTE: To be eligible for licensure by endorsement, out-of-state applicants must hold a current and active license from a state whose licensure requirements require at least 1,200 hours of schooling and passage of a written licensure examination. Please see the “LIST OF STATES MEETING FLORIDA REQUIREMENTS” in the Instructions to determine if your states’ licensing requirements meet Florida’s requirements for licensure by endorsement.</b>	
Please indicate all states where the applicant has held a cosmetology license and the date acquired.	
<b>State:</b>	<b>Date Acquired:</b>
1.	/ /
2.	/ /
3.	/ /

**Section IV – Background Questions**

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

If you answered "YES" to any question in questions 1-4 above, please refer to Section 2(d) of Instructions for instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section V (b) for your response to questions 1 and 2, and complete Section V (c) for your response to questions 3 and 4. If you have more than two offenses to document in Section V (b), or more than one offense to document in Section V(c), attach additional pages as necessary.

**Section IV (b) – Explanation(s) for Background Questions 1 and 2**

<b>EXPLANATION</b>	
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 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. <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></p>	
Signature:	Date:
Print Name:	