

**INSTRUCTIONS FOR COMPLETING  
BOARD OF COSMETOLOGY  
HAIR BRAIDING, HAIR WRAPPING, BODY WRAPPING, AND INITIAL HIV / AIDS  
COURSE APPLICATION FOR INITIAL LICENSURE AND REGISTRATION  
DBPR CL 4405**

**Application begins on page 2**

*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**.*

All courses must be submitted for presentation to the board no later than 30 days prior to the next regularly scheduled meeting of the board. No course may be taught for credit until it has been reviewed and approved by the board.

**Hair Braiding, Hair Wrapping and Body Wrapping course providers are only required to complete this application package and are not required to complete any other provider application nor are there any fees due to the department.**

**For Hair Braiding, Hair Wrapping and Body Wrapping course detail information, see Rule 61G5-31.004, Florida Administrative Code (FAC). For detailed information for the initial HIV / AIDS course, see Rule 61G5-18.011, FAC**

**APPLICATION CHECKLIST:**

TRANSACTION	APPLICATION REQUIREMENTS
<b>Initial Licensure Registration</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete DBPR 0020 – Master Organization Application</li> <li><input type="checkbox"/> Complete DBPR CL 4405 – Hair Braiding, Hair Wrapping, Body Wrapping, and Initial HIV / AIDS Course Application for Initial Licensure and Registration</li> <li><input type="checkbox"/> Submit the course completion certificate which shall include the course title, provider name, student name, course date, and total number of completed course hours</li> <li><input type="checkbox"/> Submit detailed course description</li> <li><input type="checkbox"/> Submit detailed course outline</li> <li><input type="checkbox"/> Submit detailed course objectives</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**

ORGANIZATION INFORMATION		
Federal Employer ID Number/Social Security Number*		
Organization/Applicant Name		
Doing Business As (D/B/A) Name		
Ownership: Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture Agreement <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Estate <input type="checkbox"/> Professional Association <input type="checkbox"/> Other <input type="checkbox"/>		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
CONTACT INFORMATION		
Contact Name		
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		
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.

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.*

IDENTIFICATION DATA	
Course Provider Name	
COURSE DATA	
Course Title	
Subject Area (please check the appropriate course type for which you are applying)	Subject Hours
<input type="checkbox"/> <b>Hair Braiding</b> See Rule 61G5-31.004, FAC, for course details	
<input type="checkbox"/> Initial HIV / AIDS Course	5
<input type="checkbox"/> Sanitation Sterilization	5
<input type="checkbox"/> Diseases and Disorders of the Scalp	4
<input type="checkbox"/> Laws and Rules	2
<input type="checkbox"/> <b>Hair Wrapping</b> See Rule 61G5-31.004, FAC, for course details	
<input type="checkbox"/> Initial HIV / AIDS Course	2
<input type="checkbox"/> Sanitation Sterilization	2
<input type="checkbox"/> Diseases and Disorders of the Scalp	1
<input type="checkbox"/> Laws and Rules	1
<input type="checkbox"/> <b>Body Wrapping</b> See Rule 61G5-31.004, FAC, for course details	
<input type="checkbox"/> Initial HIV / AIDS Course	3
<input type="checkbox"/> Sanitation Sterilization	4
<input type="checkbox"/> Diseases and Disorders of the Skin	4
<input type="checkbox"/> Laws and Rules	1
<input type="checkbox"/> <b>HIV / AIDS</b> See Rule 61G5-18.011, FAC, for course details	
Method of Instruction	
<input type="checkbox"/> Live Study Group	
<input type="checkbox"/> Cosmetology Conference / Trade Show	
<input type="checkbox"/> Home Study / Video	
<input type="checkbox"/> Internet	
<input type="checkbox"/> Modes of Transmission	
<input type="checkbox"/> Infection Control Procedures	
<input type="checkbox"/> Clinical Management	
<input type="checkbox"/> Prevention	
<input type="checkbox"/> Behavioral Attitudes	

**AFFIRMATION STATEMENT  
PROVIDER SIGNATURE REQUIRED**

By signing below, the applying provider agrees to comply with Board Rule 61G5-32.001, Florida Administrative Code, and with requirements set by the Department's contract vendor authorized by Rule 61-6015, Florida Administrative Code and section 455.2179, Florida Statutes.

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Provider Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_