

**INSTRUCTIONS FOR COMPLETING
BOARD OF COSMETOLOGY APPLICATION FOR
HAIR BRAIDING, HAIR WRAPPING OR BODY WRAPPING REGISTRATION**

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.

Please complete all information. All questions are applicable and must be answered fully and truthfully. Your **\$30 fee** must accompany this application. Your application cannot be processed until all fees are received. All training, hours and services must be completed prior to submission of this application.

APPLICATION CHECKLIST

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

TRANSACTION	APPLICATION REQUIREMENTS
Hair Braiding Registration	<ul style="list-style-type: none"> <input type="checkbox"/> Pay \$30 fee (make check payable to Department of Business and Professional Regulation) <input type="checkbox"/> Complete DBPR 0010 Master Individual Application form <input type="checkbox"/> Complete DBPR CL-4403 – Board of Cosmetology Application for Hair Braiding, Hair Wrapping and Body Wrapping Registration form <input type="checkbox"/> Submit Certificate of Completion of the minimum 2-day/16 hour course requirement
Hair Wrapping Registration	<ul style="list-style-type: none"> <input type="checkbox"/> Pay \$30 fee (make check payable to Department of Business and Professional Regulation) <input type="checkbox"/> Complete DBPR 0010 Master Individual Application form <input type="checkbox"/> Complete DBPR CL-4403 – Board of Cosmetology Application for Hair Braiding, Hair Wrapping and Body Wrapping Registration form <input type="checkbox"/> Submit Certificate of Completion of the 1-day/6 hour course requirement
Body Wrapping Registration	<ul style="list-style-type: none"> <input type="checkbox"/> Pay \$30 fee (make check payable to Department of Business and Professional Regulation) <input type="checkbox"/> Complete DBPR 0010 Master Individual Application form <input type="checkbox"/> Complete DBPR CL-4403 – Board of Cosmetology Application for Hair Braiding, Hair Wrapping and Body Wrapping Registration form <input type="checkbox"/> Submit Certificate of Completion of the minimum 2-day/12 hour course requirement

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

**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 CL-4403 – Board of Cosmetology Application for Hair Braiding, Hair Wrapping and Body Wrapping Registration

**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.

CHECK TRANSACTION REQUESTED	
Transaction Type:	
<input type="checkbox"/> Hair Braiding Registration	
<input type="checkbox"/> Hair Wrapping Registration	
<input type="checkbox"/> Body Wrapping Registration	

APPLICANT INFORMATION	
Applicant Name	Social Security Number*

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AFFIRMATION STATEMENT APPLICANT SIGNATURE REQUIRED	
<p>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.</p> <p>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.</p> <p>Applicant's Signature: _____ Date: ____/____/____</p>	