

State of Florida
Department of Business and Professional Regulation
Board of Cosmetology
Application for License/ Registration from Null and Void (Expired License/Registration)
Form # DBPR COSMO 7

Definition of “null and void”: A license becomes “null and void” after a licensee fails to renew the license for two consecutive licensure cycles. A null and void license cannot be reinstated unless the applicant demonstrates to the Department that he or she failed to renew the license due to an illness or economic hardship that prevented renewal.

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

TRANSACTION	APPLICATION REQUIREMENTS
Cosmetology License	<input type="checkbox"/> Fees: \$45 (make check payable to the Department of Business and Professional Regulation). <input type="checkbox"/> Submit a certificate of completion from a board-approved Initial HIV/AIDS course. <input type="checkbox"/> Explanation of illness or economic hardship that prevented renewal.
Nail Specialist, Facial Specialist, or Full Specialist Registration	<input type="checkbox"/> Fees: \$75 (make check payable to the Department of Business and Professional Regulation). <input type="checkbox"/> Submit a certificate of completion from a board-approved Initial HIV/AIDS course. <input type="checkbox"/> Explanation of illness or economic hardship that prevented renewal.

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

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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**.

Section I – Application Type

CHECK ONLY ONE OF THE APPLICATION TYPES	
<input type="checkbox"/> Cosmetologist [0501/1033]	<input type="checkbox"/> Nail Specialist [0507/1033]
	<input type="checkbox"/> Facial Specialist [0508/1033]
	<input type="checkbox"/> Full Specialist [0509/1033]
PREVIOUS LICENSE INFORMATION	
Previous License Number:	

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		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		
CONTACT INFORMATION			
Primary Phone Number	Primary 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.



Instructions

*If you have any questions or need assistance in completing this form, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

1. General Requirements for Application to Reinstate Null and Void License

- a. This application should only be used by persons who have previously held a license with the Florida Board of Cosmetology. You should only apply for the same type of license previously held.
- b. Fees: Make check payable to the Department of Business and Professional Regulation.
- c. Provide proof of completion of a board-approved Initial HIV/AIDS course.
- d. If your name has changed since your original license went null and void, you must submit documentation supporting this change. Acceptable documentation includes copies of legally recorded marriage certificates, divorce decrees, or other court documents. We suggest you submit copies of original documents as we will not return this documentation to you.

2. Application Instructions

- a. Section I – Application Type
 - i. Indicate which license or registration type you are applying for. Check only one of the application types.
- b. Section I – Applicant Information
 - i. Fill out each section completely. Provide the license number you wish to reinstate.
 - 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. This will be used for sending correspondence regarding your application and license.
 - iv. Applicant's addresses are used only for Department purposes and will not be printed on the license.
 - v. Provide your residence address, if different than your mailing address.
 - vi. Provide a valid phone number and email address.
 - vii. All names, prior or current, other than the name signed to the application must be listed.
- c. Section III
 - i. Provide an explanation of the illness or economic hardship that prevented renewal of your license.
- d. Section IV
 - i. Please read and sign the affirmation by written declaration. If the applicant fails to sign the affirmation statement, the Department will not process the application.