



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## COSMETOLOGY LICENSE BY RECIPROCITY APPLICATION INSTRUCTIONS

Use this application if your state or territory has education and examination requirements substantially equivalent to Texas. You can check to see if your state has equivalent standards at: [www.tdlr.texas.gov/cosmet/cosmetstates.htm](http://www.tdlr.texas.gov/cosmet/cosmetstates.htm)

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CASHIER'S CHECK OR MONEY ORDER.**

1. **NAME** – Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix)
2. **SOCIAL SECURITY NUMBER** – Social security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#) or call (512) 460-6000 or (800) 252-8014.
3. **DATE OF BIRTH** – Provide your birthdate.
4. **GENDER** – Select whether you are male or female.
5. **MAILING ADDRESS** – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately. Always keep your mailing address current with TDLR. A license renewal notice will be mailed to your address of record before the date your license will expire.
6. **PHONE NUMBER** – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. **EMAIL ADDRESS** – Provide your email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
8. **TYPE OF LICENSE APPLYING FOR** – Check the box of the license you are applying for.
9. **OUT-OF-STATE LICENSE** – Provide the name of the state where your current out-of-state cosmetology license was issued, the license number and expiration date. License holders from other states and territories may be eligible for a Texas license if their state has education and examination requirements that are substantially equivalent to Texas. You can check to see if your state has equivalent standards at [www.tdlr.texas.gov/cosmet/cosmetstates.htm](http://www.tdlr.texas.gov/cosmet/cosmetstates.htm)  
You must submit with your application:
  - a copy of your current out-of-state cosmetology license, and
  - a letter of certification from the out-of-state licensing agency.You must contact the state where your current out-of-state license was issued and request that they send to you, or to TDLR, a letter of certification. To expedite the process, it is best for the other state to send you the letter of certification, so that you may submit all of the paperwork to TDLR at the same time. However, you must be sure that the letter of certification remains in the sealed envelope from the other state.
10. **HIGH SCHOOL DIPLOMA OR EQUIVALENT** – Check YES or NO to indicate if you have obtained a high school diploma or the equivalent of a high school diploma or have passed a valid examination administered by a certified testing agency that measures your ability to benefit from training.

11. **CRIMINAL HISTORY** – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.  
If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a [Criminal History Evaluation Letter \(PDF\)](#), a completed [Criminal History Questionnaire \(PDF\)](#), for each crime you were convicted of, or placed on deferred adjudication for, and a \$10.00 fee. You can find more information on the process and download the necessary forms on the [TDLR website](#).
12. **DISCIPLINARY ACTION HISTORY** – Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a [Disciplinary Action Questionnaire \(PDF\)](#), for each disciplinary action.
13. **STATEMENT OF APPLICANT** – Carefully read the statement of applicant before you date and sign your application.

**APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES** The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the [Military Service Member, Military Veteran or Military Spouse Supplemental Application \(PDF\)](#) and attach it with your license application. The form is located on the [TDLR website](#). If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the [TDLR Military Information web page](#).

**SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#) or fax (512) 463-9468. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only), or (512) 463-6599, Relay Texas - TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday from 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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## COSMETOLOGY LICENSE BY RECIPROcity APPLICATION

We will need a Certified Transcript of Hours in addition to the Letter of Certification in a sealed envelope from the issuing state board or school if you are licensed from a state listed on the [TDLR website](#).

**YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.**

**APPLICATION FEE: \$100.00 (FEE IS NON-REFUNDABLE)**

**PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR**

1. Name:

\_\_\_\_\_  
Last, First, Middle Name, Suffix (Jr., Sr., III)

2. Do you have a Social Security Number?  
 Yes  No

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

3. Date of Birth: \_\_\_\_\_

4. Gender:

Male  Female

(See Instruction Sheet for disclosure information)

Month/Day/Year

5. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (P.O. BOX is allowed for this address)

\_\_\_\_\_  
Number, Street Name, Apartment Number, City, State, Zip Code

6. Phone Number:

\_\_\_\_\_  
(Area Code) Phone Number

7. Email Address:

\_\_\_\_\_  
(ex: [johndoe@gmail.com](mailto:johndoe@gmail.com)) See Instruction Sheet for disclosure information

8. Type of License you are Applying for: (Check the [TDLR website](#) for your state's eligibility reciprocity with Texas)

Cosmetology Operator  Esthetician Specialty  Manicurist Specialty  Hair Weaving Specialty  
 Esthetician/Manicurist Specialty  Eyelash Extension Specialty

9. Do you possess professional license(s), certificate(s), or registration(s) issued by another state, state(s), jurisdiction, or territory?  Yes  No

If **YES**, a **License Verification form** must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice. Give license, or certificate, or registration(s), title(s), and the name(s) and address(s) of the jurisdiction(s) issuing the license(s), or certificate(s), or registration(s).

10. Have you obtained a high school diploma or the equivalent of the high school diploma or have you passed a valid examination administered by a certified testing agency that measures your ability to benefit from training?  Yes  No

11. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?  Yes  No

If **YES**, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.

**See the Instruction Sheet for more information**

12. Have you ever had an occupational license, certification or registration suspended, revoked or denied in any state? (This does not include your driver license)  Yes  No

If **YES**, attach a [Disciplinary Action Questionnaire \(PDF\)](#) to this application.

### 13. STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Occupational Code, Chapters 51, 1602, and 1603; 16 Texas Administrative Code, Chapter 60 and the Cosmetology Administrative Rules, 16 Texas Administrative Code, Chapter 83. I understand that providing false information on this application may result in revocation of the license I am requesting and the imposition of administrative penalties.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed