



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

EXPIRED TEXAS COSMETOLOGY LICENSE APPLICATION INSTRUCTIONS

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

1. EXPIRED LICENSE NUMBER AND EXPIRATION DATE – Provide the license number and expiration date of your Texas cosmetology license.
2. 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.)
3. DO YOU HAVE A SOCIAL SECURITY NUMBER – Select YES or NO to indicate if you have been issued or assigned a Social Security Number by the Social Security Administration.
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.
4. DATE OF BIRTH – Provide your birthdate.
5. GENDER – Select whether you are male or female.
6. 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.
7. 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.
8. EMAIL ADDRESS – By providing my email address I authorize the Texas Department of Licensing and Regulation (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.
9. TYPE OF LICENSE APPLYING FOR – Select the box of the license you are applying for.
10. HIGH SCHOOL DIPLOMA OR EQUIVALENT – Select 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 you submit your application and pay 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.
12. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, revoked, or denied in any state. If Yes, complete and attach a [Disciplinary Action Questionnaire \(PDF\)](#) for each disciplinary action.
13. STATEMENT OF APPLICANT – Carefully read the statement before dating and signing your application.

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) 475-2871. 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 (excluding holidays).

TDLR Public Information Act Policy:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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

APPLICATION FEE: \$50 (FEE IS NON-REFUNDABLE)

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

ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK

1. Expired License Number: _____ Expiration Date: _____

2. Name:

_____ Last _____ First _____ Middle Initial _____ Suffix (JR, SR, III)

3. Do you have a Social Security Number (SSN): Yes No

4. Social Security Number:

(See instruction sheet for disclosure information) _____

5. Date of Birth: _____ - _____ - _____
Month Day Year

6. Gender: Male Female

7. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (PO Box is allowed for this address.)

Number, Street Name, Apartment Number

City State Zip Code

8. Phone Number:

(_____) _____
Area Code Phone Number

9. Email Address:

(Ex: johndoe@aol.com) See instruction sheet for disclosure information

10. Type of License Applying for:

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

11. Have you 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? Yes No

12. Have you 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 for each offense. Yes No

See the instruction sheet for more information

13. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state? Yes No
If YES, attach a Disciplinary Action Questionnaire to this application. (This does not include your driver license.)

14. 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.

_____ Date Signed

_____ Applicant Signature