



TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12157 • Austin, Texas 78711-2157
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
www.tdlr.texas.gov • cs.cosmetologists@tdlr.texas.gov

EXPIRED TEXAS COSMETOLOGY LICENSE APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in **black ink**. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with a cashier's check or money order on top. **Do not use staples.**

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. EXPIRED LICENSE NUMBER AND EXPIRATION DATE - Write the license number and expiration date of your Texas cosmetology license.
2. NAME - Write your legal name in the spaces provided. (Last, First, Middle, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
3. DO YOU HAVE A SOCIAL SECURITY NUMBER - Check YES or NO to indicate if you have been issued or assigned a Social Security Number by the Social Security Administration.
4. 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 at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014
5. DATE OF BIRTH - Write your birthdate.
6. GENDER - Select whether you are male or female.
7. MAILING ADDRESS - Write 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.
8. PHONE NUMBER - Write 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.
9. EMAIL ADDRESS - Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
10. TYPE OF LICENSE APPLYING FOR - Check the box of the license you are applying for.
11. 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.
12. 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 for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/LIC002.pdf

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, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm
13. 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 the Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf
14. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you date and sign your application.

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGSLC)** unless the licensee has entered into a repayment agreement with TGSLC. **YOU SHOULD CONTACT TGSLC BEFORE FILING THIS APPLICATION** if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGSLC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed ATTN: Collections PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297, <http://www.tgslc.org> or email: cust.assist@tgslc.org.**



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DO NOT WRITE ABOVE THIS LINE
 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: _____ - _____ - _____ 6. Gender: Male Female
 Month Day Year

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: _____ 9. Email Address: _____
 (Area Code) Phone Number (Ex: johndoe@aol.com) See instruction sheet for disclosure information

10. Type of License Applying for:
 Cosmetology Operator Esthetician Specialty Manicurist Specialty
 Hair Weaving Specialty Wig Specialty Esthetician/Manicurist Specialty Eyelash Extension 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