



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Education and Examination Division

P. O. Box 12157 • Austin, Texas 78711 • (512) 463-6599 • (800) 803-9202

Fax (512) 463-1512 • Web site: www.tdlr.texas.gov

Email: Education@tdlr.texas.gov

COSMETOLOGY SCHOOL NAME CHANGE APPLICATION INSTRUCTIONS

An application is not considered complete and will not be processed until all sections of the application have been submitted as required.

The application must be completed and sign by the owner, corporate officer or authorized representative of the school. All information provided must be typed or printed in black or blue ink.

1. **Current School Name** - List the current name of the school.
2. **New School Name** - List the new name of the school. Provide a copy of the legal document authorizing the name change of the school. If incorporated, contact the Secretary of State's office or your local county clerk's office if not incorporated.
3. **School Mailing Address and Contact Information** - List the address and location of the school. Provide the contact person's name and email address. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
4. **Federal ID Number** - Provide the Federal ID number as issued by the IRS.
5. **Signature of Applicant(s) and/or Officer(s)** - The form must be signed by the owner, corporate officer or authorized representative of the school.

Please submit the form along with a \$25.00 revision fee to the address above.

NOTE: For a change of location, please contact the Education and Examination Division at education@tdlr.texas.gov.



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
800-803-9202 - (512) 463-6599 - FAX (512) 463-1512
www.tdlr.texas.gov education@tdlr.texas.gov

Application for:

Texas Cosmetology School License Name Change

Pursuant to Title 9, Occupations Code, Chapter 1602

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW					
FEE	RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
Duplicate License/ Revision Fee			25.00		

License #

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

1. School Name: (current name)

2. New School Name: (changing to)

3. School Mailing/Physical Address and Contact Information:

Mailing Address (PO Box, State, Zip Code)

Physical Address (Number, Street, City, State, Zip Code)

Business phone number

Fax Number

Contact Person

Email

4. Federal ID Number (issued by the IRS):

5. Signature of Owner, Officer or Authorized Representative

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Occupations Code, Chapters 51, 1602, and 1603; Tex. Admin. Code, Title 16 Chapter 60 and the Cosmetology Administrative Rules, Tex. Admin. Code, Title 16 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.

Signature of Owner, Corporate Officer or Authorized Representative

Signature Date

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Signature Date