



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

COSMETOLOGY LICENSE BY EXAMINATION 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. NAME – Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. 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.
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.
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 – 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.
8. TYPE OF LICENSE APPLYING FOR – Select the box of the license you are applying for. If you are qualifying to take a Texas cosmetology license exam with an out-of-state cosmetology license, you must submit the following with your application.
 - a copy of your out-of-state cosmetology license and
 - a letter of certification from the out-of-state licensing agency.If you are qualifying to take the exam with training hours earned at an out-of-state cosmetology school, you must submit with your application:
 - a certified copy of your transcript of hours earned.
9. HIGH SCHOOL DIPLOMA OR G.E.D. – Select YES or NO as to indicate if you have graduated from high school or earned a G.E.D.
10. 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.
11. 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.
12. STATEMENT OF APPLICANT – Carefully read the statement before dating and signing 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.

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).

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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TDLR DOES NOT ACCEPT TRAINING BY APPRENTICESHIP. 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 at the following link: <https://www.tdlr.texas.gov/cosmet/cosmetstates.htm>.

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. Name: _____
Last, First, Middle Name, Suffix (JR, SR, III)

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

If Yes, please provide your Social Security Number: _____
(See instruction sheet for disclosure information)

3. Date of Birth: _____
Month/Day/Year

4. Gender: ☐ Male ☐ Female

5. Phone Number: _____
Area Code / Number

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

P.O. Box, Number, Street Name, Apartment Number, City, State, Zip Code

7. Email Address: _____
(Ex: johndoe@gmail.com) See instruction sheet for disclosure information

8. Type of License Applying for:

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

9. Have you obtained a high school diploma or the equivalent of a high school diploma? ☐ Yes ☐ No

10. 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 for each offense.

See the instruction sheet for more information

11. 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.)

12. STATEMENT OF APPLICANT

I certify that I will comply with all applicable laws and rules related to my licensed occupation or profession. I further certify that all information I have provided is true and correct. I understand that providing false information may result in denial of this application and/or revocation of the license.

Date Signed

Applicant Signature