TEXAS DEPARTMENT OF LICENSING AND REGULATION
P.O. Box 12157 - Austin, Texas 78711-2157
1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871

INSTRUCTIONS FOR REQUEST TO EXECUTIVE DIRECTOR FOR EXPIRED LICENSE RENEWAL

YOUR LICENSE MUST BE EXPIRED FOR AT LEAST 18 MONTHS BUT LESS THAN THREE YEARS TO MAKE THIS REQUEST.

LICENSES EXPIRED LESS THAN 18 MONTHS SHOULD FOLLOW THE RENEWAL PROCESS AND LICENSES EXPIRED MORE THAN THREE YEARS ARE TOO LATE TO RENEW AND MUST RE-APPLY.

You may submit this form or a written request with your late renewal fee and all additional renewal requirements. You should refer to the website for program rules and/or exact fee amounts.

- Provide the company name or the individual name of the license holder. This should be exactly as it appears on your expired license. If a name change has occurred, supporting documentation is required.

- Provide the individual license holder's social security number or the company federal identification number.

- Provide the type of license. (Example: Journeyman, Air Conditioning Contractor, Manicurist, etc.)

- Provide the full license number.

- Provide the Mailing Address
  This is your mailing address to which the Department will send all correspondence.

- E-MAIL - Please provide your e-mail address. The Department will add your address to the e-mail notification list, which provides information from the Department on matters affecting your license type. Your e-mail address is confidential pursuant to the Texas Public Information Act, and the Department will not share it with the public. See additional information at the following link:
  http://www.license.state.tx.us/newsletters/TDLRnotificationLists.asp

- If you have been convicted of a misdemeanor or felony that you have not previously reported to the Department, answer this question YES and attach a completed Criminal History questionnaire. You may obtain this form on the TDLR website shown above. Provide copies of any paperwork involving the incident(s).

- All renewal requirements must be met prior to the issuance of the renewal of your license. This includes continuing education, renewal courses, reports, and any additional renewal requirements needed. Attach any supporting documentation that is needed to your renewal request. Refer to the website for specific renewal requirements.

- Choose the reason why you did not renew your license before it expired. You may use the back of the page or an additional page if necessary.

- Sign and date the application.

- Fees: Refer to the website for program rules. The late renewal fee is twice the amount of the renewal fee. Make one check or money order for the total amount payable to the Texas Department of Licensing and Regulation. Mail fees and paperwork to: TDLR, PO Box 12157, Austin, Texas 78711.

  NOTE: If you are applying for a Cosmetology, or a For-Profit Legal Service Contract license type, your payment must be in the form of a cashier's check or money order.

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www.license.state.tx.us

REQUEST TO EXECUTIVE DIRECTOR FOR EXPIRED LICENSE RENEWAL

PURSUANT TO TITLE 2, OCCUPATIONS CODE, CHAPTER 51

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

FEE	RECEIPT NUMBER	PMT. AMOUNT	MONEY TYPE
Late Renewal Fee			

DO NOT WRITE ABOVE THIS LINE

ALL FEES ARE NON REFUNDABLE AND THE FEE MUST ACCOMPANY THIS APPLICATION.
If you are applying for a Cosmetology, or a For-Profit Legal Service Contract Sales Person license type, your payment must be in the form of a cashier's check or money order.

Note: This license must be expired for at least 18 months but less than three years.
The late renewal fee is twice the amount of the renewal fee. Refer to the website for program rules.

Licensee Name: _____

Social Security Number or Federal ID Number: _____

License Type: _____ **License Number:** _____

Mailing Address : (USED FOR ALL CORRESPONDENCE)
(P.O. Box is allowed for this address.)

_____
E-mail Address (Ex: johndoe@aol.com) (see instructions)

_____
Number, Street, Suite No., Apt. No. or P.O. Box

_____ (_____) _____
City State Zip Code Area Code Phone Number

Have you or a controlling person of this company been convicted of or plead guilty or nolo contendere (no contest) to any misdemeanor or felony, other than a minor traffic violation, that you have not previously reported to the Department? ☐ Yes ☐ No

If you answered yes, provide a Criminal History Questionnaire which may be obtained at the website address shown above.

NOTE: All renewal requirements must be met prior to issuance of a renewal license. (This includes continuing education and payment of all fees.)

Choose the reason why you did not renew your license before it expired. (Use additional sheet or back of page if necessary.)

☐ Death or serious illness in the family
☐ Job loss
☐ Out of country
☐ Birth or adoption of a child

Other _____

_____

"I certify that I will comply with all provisions of Texas Occupations Code and Commission Rules applicable to my license, including the provisions of Chapters 51 and 16 Texas Administrative Code, Chapters 60. I certify all information submitted on this form and any attachments is true and accurate. I understand that providing false information on this application or any attachments may result in administrative penalties and/or sanctions, including revocation of my registration or license."

_____ _____
Printed Name and Signature of Applicant or Authorized Representative **Date Signed**