



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

COSMETOLOGY OPERATOR COURSE APPLICATION INSTRUCTIONS

To offer a 300-hour or 1000-hour Cosmetology Operator course an entity must first apply and receive approval from TDLR to offer the course. Each entity looking to provide a Cosmetology course shall provide an application in compliance with Title 9, Occupations Code, Chapter 1603 and all TDLR established guidelines and criteria for a Barber and Cosmetology School.

1. **School Name** – Enter the official name of the school.
2. **School TDLR License Number** – Enter the license number for the school that will be offering this course.
3. **School Mailing Address and Contact Information** – Enter the school's mailing address, phone number, email address and website address. This address is where TDLR will mail all correspondence and may be a post office box. Provide the contact person's name, telephone number, and email address. Email addresses are a part of the key information required to transact business with TDLR. Your email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
4. **School Physical Address** – Enter the physical address of the school. This address is the actual business location of the school and where permanent records must be kept for auditing and inspection purposes. A post office box is not acceptable for the physical address. This address will be posted public on the TDLR website.
5. **Course Details** – Select the information appropriate to your course details.
6. **Course Term** – Enter the number of weeks and hours per day that instruction will be given to meet the 300-hour and/or 1,000-hour Operator Course technical requirements.
7. **Distance Education** - Enter the total number of Theory hours for the core and specialty hours that will be offered for the 1000-hour course. Learning Management System – provide the name of the Learning Management system being used to offer the course through distance learning.
8. **Certification Statement** – Application must be signed by the owner, officer, or other authorized representative of the business. Be sure to print name, sign, and date the application.

Review Process

An application is not considered complete and will not be processed until all sections of the application have been completed and all documents have been received. Applications are processed in the order received. Our division cannot specify the length of time it will take to approve an application. During the application review process, you will be notified in writing of any discrepancies/requirements not met. Send the completed application to the address provided below or submit online via webform by email to the [Education and Examination Division](#).

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Do not include your course syllabus, school catalogs, or any additional documentation with the application.

For additional information and questions, please visit the [Texas Department of Licensing & Regulation web page](#) or reach the [Education and Examination Division via web form](#) where you can submit your request for assistance and include attachments as needed.



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1. School Name:

2. School License Number:

3. School Mailing Address and Contact Information: (Used to receive mail from TDLR, P.O. BOX is allowed):

Number, Street Name, Suite Number/Apartment Number, City, State Zip Code

School Website Address

School Phone Number

School Email Address

Contact Person Name

Contact Phone Number

Contact Person Email Address

4. School Physical Address: (P.O. BOX is not allowed)

Number, Street Name, Suite Number/Apartment Number, City, State, Zip Code

County

5. Course Details:

Indicate the method in which student hours will be accrued and reported each month. (Select only one box)

Student's time will be accrued in **Clock** Hours in accordance with 83.72(h), (i), (k) and (l).

Student's time will be accrued in **Credit** Hours in accordance with 83.72(h), (k), (m) and (o).

6. Course Term:

Detail the course term information for Full-time and Part-Time students enrolled in the 300-hour and/or 1000-hour Operator course below (estimated number of weeks and hours):

Full Time Student Term: The course will be _____ number of weeks, _____ number of hours each week for a total of **1,000 hours**.

Part Time Student Term: The course will be _____ number of weeks, _____ number of hours each week for a total of **1,000 hours**.

Detail the course term information for Full-time and Part-Time students enrolled in the 300-hour Operator course below (estimated number of weeks and hours):

Full Time Student Term: The course will be _____ number of weeks, _____ number of hours each week for a total of **300 hours**.

Part Time Student Term: The course will be _____ number of weeks, _____ number of hours each week for a total of **300 hours**.

7. Distance Education:

Does this course offer distance education?

Yes

No

If so, please list the hours for the 1000-hour course:

The course will offer _____ distance education core hours in accordance with 83.202 (a) (1).

The course will offer _____ distance education specialty hours in accordance with 83.202 (a) (2).

Enter the total number of Theory hours that will be offered for the 300-hour course _____.

Learning Management System: _____.

In Accordance with 83.202(e)(1) Schools may not designate more than 50% of the total hours of a course as theory hours delivered via distance education.

8. Certification Statement: By signing this application, I certify all information submitted on this application is true and accurate. I certify that have read and will comply with all applicable provisions of the Texas Occupation Code, Chapters 51, and 1603; Texas Administrative Code, Title 16, Chapter 60 and the Barber and Cosmetology Administrative Rules, Texas Administrative Code, Title 16, Chapter 83. I understand that providing false information on this application may result in revocation of our license or the approval being requested and the possible imposition of administrative penalties.

Signature of Owner and/or Officer

Date Signed

Printed Name of Owner and/or Officer

Title