TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

EXPIRED TEXAS LICENSE REAPPLICATION INSTRUCTIONS

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.

THIS APPLICATION IS FOR A PRACTITIONER WHOSE LICENSE IS EXPIRED FOR 3 YEARS OR MORE

If you were licensed in another state for two (2) years immediately preceding this application, you may qualify to renew your Texas license by completing the ***License by Reciprocity Application (PDF)***.

1. EXPIRED LICENSE NUMBER AND LICENSE TYPE – Provide the expired license number and check one license type.
2. NAME – Your name must match your government identification or driver license. If your name has changed since your last license renewal, please submit government documentation such as a government-issued ID and court documents (such as marriage license, divorce decree, certificate of naturalization, etc.).
3. SOCIAL SECURITY NUMBER – Disclosure is required by the ***Texas Family Code*** to obtain a license. If you do not have a Social Security Number, you must complete and submit the ***Social Security Number Status Certification*** form. 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.***
4. DATE OF BIRTH – MM/DD/YYYY
5. GENDER - Select whether you are male or female.
6. PHONE NUMBER – Provide a phone number where we can reach you during the day.
7. EMAIL ADDRESS – By providing your email address you agree to receive communications and required notices by email and to keep a valid email address on file.
8. MAILING ADDRESS – Provide the address where you receive mail. This address can be a post office box. Always keep your mailing address current with the Texas Department of License and Regulation, (TDLR).
9. CRIMINAL HISTORY – This does not include minor traffic violations. If YES, complete and attach a ***Criminal History Questionnaire (PDF)***.
   If you would like your criminal history evaluated before submitting this application and non-refundable fees, do not continue with this application. You can request a Criminal History Evaluation by submitting 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 pay a $10.00 fee.
10. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, canceled, revoked, or denied in any state. If Yes, complete and attach a ***Disciplinary Action Questionnaire (PDF)*** for each disciplinary action.
11. ACKNOWLEDGMENT OF APPLICANT – Carefully read the acknowledgment of applicant before you sign and date your application.

INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES

If you want to use a licensing option available to military service members, military veterans and military spouses, please complete the ***Military Service Member, Military Veteran or Military Spouse Supplemental Application (PDF)***. 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 webpage***.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR
P.O. Box 12157
Austin, TX 78711-2157

Do not send cash.

For additional information and questions, visit the ***TDLR website*** or reach Customer Service via ***webform***. The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

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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EXPIRED TEXAS LICENSE APPLICATION

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR A NEW APPLICATION AND FEE WILL NEED TO BE SUBMITTED.

APPLICATION FEE: $50 (NON-REFUNDABLE FEE)

MAKE CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR. CASH NOT ACCEPTED.

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EXPIRED TEXAS LICENSE INFORMATION

1. Expired License Number: _____

License Type (select one)

- ☐ Class A Barber
- ☐ Cosmetology Operator
- ☐ Manicurist
- ☐ Esthetician
- ☐ Hair Weaving
- ☐ Eyelash Extension
- ☐ Esthetician/Manicurist
- ☐ Hair Weaving/Esthetician

2. Name: (Must match your government issued ID or driver license)

Last _____ First _____ Middle _____ Suffix (Jr., Sr., III) _____

3. Provide Your Social Security Number: _____
(See instruction sheet for disclosure information)

4. Date of Birth _____
(MM/DD/YYYY)

5. Gender: ☐ Male ☐ Female

6. Phone Number: _____
(Area Code) Phone Number

7. Email Address: _____
(See instruction sheet for disclosure information)

8. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (P.O. BOX is allowed for this address)

Street Number, Name, Apt/Bldg/Ste # _____ City _____ State _____ Zip Code _____

CRIMINAL HISTORY AND DISCIPLINARY ACTION QUESTIONS
See the Instruction Sheet for more information

9. 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 (PDF)*** for each offense.
☐ Yes ☐ No

10. Have you ever had an occupational license, certification or registration suspended, revoked or denied in any state?
If ***YES***, attach a ***Disciplinary Action Questionnaire (PDF)*** to this application. (This does not include your driver license)
☐ Yes ☐ No

11. ACKNOWLEDGMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Occupational Code, Chapters 51 and 1603; 16 Texas Administrative Code, Chapter 60 and the 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.

Applicant Signature _____ Date Signed _____