



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## REQUEST FOR A CHANGE IN LICENSE STATUS FORM

**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.**

1. **CHANGE IN STATUS** - Select the status you are requesting your license to be placed in.  
**FOR ACTIVE STATUS CHANGES:** A **non-refundable fee of \$25** is required, and you must complete the required continuing education (CE) before the active license can be issued. You may choose to activate your license during the renewal period (60 days prior to the expiration of your inactive license), by visiting the [TDLR website](http://www.tdlr.texas.gov).
2. **NAME** - Provide your name exactly as shown on your license. (Last, First, Middle Initial, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
3. **SOCIAL SECURITY NUMBER** - Disclosure is required by the [Texas Family Code](#) 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](#).
4. **LICENSE NUMBER AND EXPIRATION DATE** - Provide your license number and expiration date.
5. **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).
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. **ACKNOWLEDGMENT OF APPLICANT** - Carefully read the acknowledgment of applicant before you sign and date your application.

### **SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

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

Keep a copy of your completed application, all attachments, and your cashier's check or money order. **Do not send cash.**

For additional information and questions, visit the [TDLR website](http://www.tdlr.texas.gov) 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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**PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR.**

### 1. Change in Status:

- INACTIVATE:** I would like to place my license on inactive status. I understand that I cannot provide, or offer to provide, barbering and cosmetology services, and that my license must be renewed while it is on inactive status. **(License renewal still required before the expiration date)**
- ACTIVATE (\$25 NON-REFUNDABLE FEE):** I understand that I must complete my CE hours before my license can be activated and issued. CE providers have seven (7) days to upload proof of completed CEs.

### 2. Name:

\_\_\_\_\_

Last First Middle Suffix

### 3. Social Security Number:

(See instruction sheet for disclosure information)

\_\_\_\_\_

### 4. License Information:

\_\_\_\_\_

License Type License Number Expiration Date

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

\_\_\_\_\_

Street Number & Name Apt/Bldg/Ste # City State Zip Code + 4

### 6. Phone Number:

\_\_\_\_\_

(Including area code)

### 7. Email Address:

\_\_\_\_\_

(see instruction sheet for disclosure)

## 8. 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 Barbering and Cosmetology 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