



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

BARBER AND COSMETOLOGY SCHOOL DUPLICATE LICENSE APPLICATION

1. School Name:		2. Application Fee (Non-Refundable): \$25.00	
3. License Number:		4. Federal Tax ID Number:	
5. School Mailing Address and Contact Information:			
_____		_____	
Number, Street Name, Suite Number/Apartment Number		City, State Zip Code	
_____		_____	
School Email Address	School Web Address	School Phone Number	
6. School Physical Address:			
_____		_____	
Number, Street Name, Suite Number/Apartment Number		City, State Zip Code	

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 YOUR COMPLETED APPLICATION TO:

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

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.

STATEMENT OF APPLICANT

By signing this application, I certify all information submitted on this application is true and accurate. I certify that I 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.

Printed Name of Owner, Corporate Officer or Authorized Representative

Signature of Owner, Corporate Officer or Authorized Representative

Date