



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## STUDENT PERMIT APPLICATION 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. PAYMENT MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR.**

1. NAME – Your name must match your government identification or driver license.
2. DO YOU HAVE A 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](#) or call (512) 460-6000 or (800) 252-8014.
3. DATE OF BIRTH – MM/DD/YYYY
4. GENDER - Select whether you are male or female.
5. PHONE NUMBER – Provide a phone number where we can reach you during the day.
6. 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.
7. MAILING ADDRESS – 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).
8. SCHOOL INFORMATION – Provide the name, school license number, and address of the barbering and cosmetology school you will be attending.
9. COURSE TYPE – CHECK ONLY ONE
10. ENROLLMENT DATE – The date you enrolled in the barbering and cosmetology course listed in item 9.
11. ACKNOWLEDGMENT OF APPLICANT – Carefully read the acknowledgment of applicant before you sign and date your application. A school representative must sign and date your application.

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

Texas Department of Licensing and Regulation  
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](#).



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## STUDENT PERMIT APPLICATION

**\$25 NON-REFUNDABLE FEE**

**PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR**

1. Name: (As listed on your government issued ID or driver license)

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix (Jr., Sr., III)

2. Do you have a Social Security Number (SSN):  Yes

(See instruction sheet for disclosure information)

No. If you do not have a Social Security Number, you must complete and submit the [Occupational License Application Claiming to Have No Social Security Number \(PDF\)](#). Failing to complete and submit this form will delay your eligibility for examination and license issuance.

3. Date of Birth (MM/DD/YYYY)

4. Gender:  Male  Female

5. Phone Number:

6. Email Address:

(Area Code) Phone Number

(See instruction sheet for disclosure information)

7. 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

8. School Information:

\_\_\_\_\_ School Name

\_\_\_\_\_ School License #

\_\_\_\_\_ Street Number & Name

\_\_\_\_\_ Apt/Bldg/Ste #

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

9. Course Type: (Check only one)

Class A Barber

Manicurist/Esthetician

Cosmetology Operator

Hair Weaving Specialist

Manicurist

Hair Weaving Specialist/Esthetician

Esthetician

Eyelash Extension Specialist

10. Enrollment Date

### 11. ACKNOWLEDGEMENT OF APPLICANT

I certify that I will comply with all applicable laws and rules related to my licensed occupation or profession. I further certify that all information I have provided is true and correct. I understand that providing false information may result in denial of this application and/or revocation of the student permit.

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date Signed

\_\_\_\_\_ Printed Name of School Representative

\_\_\_\_\_ School Representative Signature

\_\_\_\_\_ Date Signed