



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

TRANSCRIPT EVALUATION FORM INSTRUCTIONS

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED.
KEEP A COPY OF YOUR COMPLETED APPLICATION AND ALL ATTACHMENTS.**

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](#).
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 – 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).
8. LICENSE YOU WILL BE SEEKING – Select only one.
9. ACKNOWLEDGMENT OF APPLICANT – Carefully read the acknowledgment of applicant before you date and sign 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 and all attachments.

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](#).



TRANSCRIPT EVALUATION FORM INSTRUCTIONS

YOU MUST SUBMIT THE CERTIFIED TRANSCRIPTS AND/OR OFFICIAL FOREIGN CREDENTIAL REPORTS FOR EVALUATION WITH THIS FORM.

If you qualify to take the examinations, we will contact the exam provider (PSI) and they will send you an email and postcard to schedule your Texas exam.

If additional education is required, you will be notified by email.

1. Name (must match your government-issued ID):

Last

First

Middle

Suffix (Jr., Sr., III)

2. Do you have a Social Security Number? 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:

(Area Code) Phone Number

6. Email Address:

(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. License You Will Be Seeking: (select one)

- Class A Barber
- Cosmetology Operator

- Manicurist
- Esthetician
- Manicurist/Esthetician

- Eyelash Extension
- Hair Weaving
- Hair Weaving/Esthetician

ACKNOWLEDGMENT 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 license.

Date Signed

Applicant Signature