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. 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***.
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 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 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***.

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TRANSCRIPT EVALUATION FORM

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. Provide Your Social Security Number:

(See instruction sheet for disclosure information)

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 | 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.

Applicant Signature

Date Signed