TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

LICENSE BY EXAMINATION 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.

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 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. TYPE OF LICENSE APPLYING FOR – Select ONE. **See #11 below if education was earned in another state/country.
9. CRIMINAL HISTORY – This does not include minor traffic violations. If ***YES***, complete and attach a ***Criminal History Questionnaire (PDF)***. If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting this application and non-refundable fees. To request a criminal history evaluation, do not continue with this application. Download, complete and submit a ***Criminal History Evaluation Letter***, a completed ***Criminal History Questionnaire (PDF)*** for each crime you were convicted of, or placed on deferred adjudication for, and pay a $10.00 fee.
10. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a ***Disciplinary Action Questionnaire (PDF)***.
11. OUT OF STATE/COUNTRY APPLICANTS – This option is for applicants who do not qualify to transfer an out of state/out of country license and those individuals with training hours earned at an out of state school. Check our ***TDLR website*** for eligibility to transfer a license by substantial equivalence. **NOTE: Texas does not accept training by apprenticeship, except for a Cosmetology Operator & a Class A Barber.**

    REQUIRED DOCUMENTS FOR OUT OF STATE & OUT OF COUNTRY APPLICANTS

    ☐ Transcript(s) of hours or Certificate(s) of Completion

    - Transcripts from another country must be evaluated by a Foreign Transcript Evaluation Provider registered with the ***National Association of Credential Evaluation Services*** or the ***Association of International Credential Evaluators, Inc.*** and mailed with this application. Instructions for obtaining a Foreign Credential Evaluation may be reviewed on our ***website***.

    ☐ A photocopy of the out of state/country license (if applicable)

    ☐ A verification letter confirming your out of state/country license is in in good standing
12. ACKNOWLEDGMENT OF APPLICANT – Carefully read the acknowledgment of applicant before you sign and date your application.

INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES The Texas Department of Licensing and Regulation recognizes the contributions of our active-duty military service members, their spouses, and veterans. If you want to use a licensing option available to military service members, military veterans and military spouses, please complete the ***Military Service Member, Military Veteran or Military Spouse Supplemental Application (PDF)*** and attach it with your application. If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the ***TDLR Military Information webpage***.

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*** 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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LICENSE BY EXAMINATION APPLICATION

NOTE: TDLR DOES NOT ACCEPT TRAINING BY APPRENTICESHIP, EXCEPT FOR A COSMETOLOGY OPERATOR AND A CLASS A BARBER.

APPLICATION FEE: $50 (FEE IS NON-REFUNDABLE)

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE OR A NEW APPLICATION AND FEE WILL NEED TO BE SUBMITTED.

PERSONAL CHECKS AND CASH ARE NOT ACCEPTED

1. Name: (Your name must match your government issued ID or driver license)

Last Name _____ First Name _____ Middle _____ Suffix _____

2. Provide your Social Security Number:

_____
Social Security Number (See instruction sheet for disclosure information)

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

4. Gender: ☐ Male ☐ Female

5. 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, Apartment/Suite # _____ City _____ State _____ Zip Code + 4 _____

8. Type of License Applying for: (select one)

☐ Cosmetology Operator ☐ Class A Barber
☐ Manicurist Specialty ☐ Esthetician Specialty ☐ Esthetician/Manicurist Specialty
☐ Eyelash Extension Specialty ☐ Hair Weaving Specialty ☐ Hair Weaver/Esthetician Specialty

CRIMINAL HISTORY AND DISCIPLINARY ACTION QUESTIONS

See the instruction sheet for more information

9. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?
If YES, complete and attach a ***Criminal History Questionnaire (PDF)*** for each offense. ☐ Yes ☐ No

10. Have you ever had a professional license, certification or registration suspended, revoked, or denied in any state? (This does not include your driver license.)
If YES, attach a ***Disciplinary Action Questionnaire (PDF)*** to this application. ☐ Yes ☐ No

OUT OF STATE AND OUT OF COUNTRY APPLICANTS

11. If you do not qualify to ***transfer an out-of-state license***, you must submit with your application:

- a copy of your out-of-state/country license and
- a letter of certification from the out-of-state/country licensing agency.

To qualify to take the exam with classroom hours earned at an out-of-state/country cosmetology or barber school, you must submit with your application:

- a copy of your course-by-course transcript of hours earned and/or course -by-course foreign credential evaluation report for out of country applicants.

Issuing State/Country:	Out of State/Country License #:	Expiration Date:

12. 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