TEXAS DEPARTMENT OF LICENSING & REGULATION
P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

LICENSE BY RECIPROCITY APPLICATION INSTRUCTIONS

Use this application if your state has education and examination requirements substantially equivalent to Texas.

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 the phone number where you can be reached 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 – Check only one.
9. OUT-OF-STATE LICENSE INFORMATION – Provide the name of the state where your current out-of-state license was issued, the license number and expiration date. License holders from other states may be eligible for a Texas license if their state has education and examination requirements that are substantially equivalent to Texas. Check to see if your state has ***equivalent standards*** on our site.
   You must submit with your application:

   ☐ a copy of your current out-of-state license. The license must be in good standing and not expired.

   ☐ a letter of certification from the out-of-state licensing agency (must remain in the original sealed envelope), and,
   - Contact the state where your current out-of-state license was issued to request a letter of certification. The letter of certification must remain in the original sealed envelope. Most states charge a fee for this service.

   ☐ a transcript of hours, or the course certificate, received from the barbering or cosmetology school you attended, if your state has an apprenticeship program.

10. 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, you may have your criminal history evaluated before submitting this application and non-refundable fees. To request a criminal history evaluation, do not send this application. Submit a ***Criminal History Evaluation Letter (PDF)*** instead, a completed ***Criminal History Questionnaire (PDF)*** for each crime you were convicted of, or placed on deferred adjudication for, and the $10.00 fee.

11. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a ***Disciplinary Action Questionnaire (PDF)***.

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)***.

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 ***TDLR Military Information***.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR
P.O. Box 12157
Austin, TX 78711-2157

Do not send cash.

For additional information and questions, please 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) or (512) 463-6599; 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

LICENSE BY RECIPROCITY APPLICATION

APPLICATION FEE: $100 (NON-REFUNDABLE FEE)

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

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 Name _____ First Name _____ Middle _____ Suffix _____

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

LICENSE INFORMATION

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

☐ Cosmetology Operator ☐ Class A Barber
☐ Manicurist ☐ Esthetician/Manicurist
☐ Esthetician

Texas does not recognize substantial equivalence for the Eyelash Extension Specialty, Hair Weaving Specialty, or Hair Weaving/Esthetician Specialty. You may qualify for a license by completing the ***License by Examination Application***.

9. Out of State License Information: (Your out of state license must be current)

State License was Issued _____ License Type _____ License Number _____ Expiration Date _____

CRIMINAL HISTORY AND DISCIPLINARY ACTION

See the Instruction Sheet for more

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

12. ACKNOWLEDGMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Occupational Code, Chapters 51 and 1603; 16 Texas Administrative Code, Chapter 60 and the Barbering and Cosmetology Administrative Rules, 16 Texas Administrative Code, Chapter 83. I understand that providing false information on this application may result in revocation of the license I am requesting and the imposition of administrative penalties.

Applicant Signature

Date Signed