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

ESTHETICIAN/MANICURIST SPECIALTY LICENSE APPLICATION INSTRUCTIONS

USE THIS APPLICATION TO COMBINE A SEPARATE ESTHETICIAN AND MANICURIST LICENSE INTO A SINGLE ESTHETICIAN/MANICURIST LICENSE. ONCE COMBINED, THE LICENSES CANNOT BE SEPARATED.

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. SPECIALTY LICENSE NUMBERS – Provide the license number or student permit number for your esthetician and manicurist license. If either license is expired more than three (3) years, you must use the License Application by Examination to take the written and practical exam for the expired license.
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 (PDF)***, 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, registration or permit suspended, revoked or denied in any state. This does not include your driver license. If YES, complete and attach a ***Disciplinary Action Questionnaire (PDF)***.
11. 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

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***.

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, please visit the ***TDLR website***. You can request assistance or submit required attachments via ***TDLR webform*** or fax (512) 475-2871. You may contact Customer Service Representatives by calling (800) 803-9202 (in-state only) or (512) 463-6599; Relay Texas - TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

TDLR Public Information Act Policy: This document is subject to the Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information visit our ***TDLR Public Information Act Policy*** site.

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Once your esthetician and manicurist licenses have been combined, they cannot be separated. Some out of state boards do not accept a combination esthetician/manicurist license.

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: _____

(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 Apt/Bldg/Ste # _____ City _____ State _____ Zip Code + 4 _____

8. SPECIALTY LICENSE NUMBERS

If either license is expired more than three (3) years, you must use the *License by Examination Application (PDF)*.

Manicurist License # _____ Esthetician License # _____

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

11. 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 _____