



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

NO SOCIAL SECURITY NUMBER STUDENT PERMIT 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. PAYMENT MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER AS PAYABLE TO TDLR. DO NOT SEND CASH.

1. **NAME** - Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix). Your name must match your government identification or driver license.
2. **SOCIAL SECURITY NUMBER AFFIDAVIT** - Students with a Social Security Number must be enrolled using [SHEARS](#). Students who do not have a Social Security Number must complete and submit the [Social Security Number Status Certification](#) and documentation verifying lawful presence. Failing to complete and submit this form will delay your eligibility for examination and license issuance.
3. **DATE OF BIRTH** - Provide your birthdate.
4. **GENDER** - Select whether you are male or female.
5. **PHONE NUMBER** - Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
6. **EMAIL ADDRESS** - By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
7. **MAILING ADDRESS** - Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
8. **SCHOOL INFORMATION** - Provide the name, school license number, and address of the barbering and cosmetology school you will be attending.
9. **COURSE TYPE** - CHECK ONLY ONE.
10. **ENROLLMENT DATE** - Provide the date you enrolled in a barbering and cosmetology course listed in item 9.
11. **ACKNOWLEDGMENT OF APPLICANT** - Carefully read the acknowledgment of applicant before you sign and date your application. A school representative must sign and date your application.

SEND YOUR COMPLETED APPLICATION, FEE, AND REQUIRED DOCUMENTS TO:

TEXAS DEPARTMENT OF LICENSING AND REGULATION
P.O. BOX 12157
AUSTIN, TX 78711-2157

For additional information and questions, visit the [Texas Department of Licensing & Regulation](#) website or reach the [Education and Examination Division](#) via webform where you can submit your request for assistance; include attachments as 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 available to the public. For more information, view the TDLR [Public Information Act Policy](#).



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\$25 NON-REFUNDABLE FEE

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 First Middle Suffix (Jr., Sr., III)

2. I have completed and attached the [Social Security Number Status Certification](#) and documentation verifying lawful presence. 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:

6. Email Address:

7. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (P.O. BOX is allowed for this address)

Number, Street Name, Suite Number/Apartment Number City State Zip Code + 4

8. School Information:

School Name

School License #

Number, Street Name, Suite Number/Apartment Number City State Zip Code + 4

9. Course Type: (Check only one)

Class A Barber

Manicurist / Esthetician

Cosmetology Operator

Hair Weaving Specialist

Manicurist

Hair Weaving Specialist / Esthetician

Esthetician

Eyelash Extension Specialist

10. Enrollment Date:

MM/DD/YYYY

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 student permit.

Student Signature

Date Signed

Printed Name of School Representative

School Representative Signature

Date Signed



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SOCIAL SECURITY NUMBER STATUS CERTIFICATION

APPLICANT CONTACT INFORMATION

1. Name:

Last

First

Middle

Suffix (Jr., Sr., III)

2. Mailing Address:

Street Number & Name Apt/Bldg/Ste #

City

State

Zip Code + 4

3. Primary Phone Number:

Alternate Phone Number: (optional)

(Area Code) Phone Number

(Area Code) Phone Number

4. Date of Birth:

5. Place of Birth:

MM/DD/YYYY

City, State, Zip Code

Country

6. Email Address:

ex: johndoe@gmail.com

7. License Information:

Type of license applied for

License Number (if applicable)

Business Name (if applicable)

8. CERTIFICATION

8a. I certify that I am a citizen of the United States or am lawfully present in the United States. I authorize full disclosure of any state or federal governmental record concerning the issuance to or use of a Social Security number by me to any authorized agent of the Department, whether the records are of a public, private, or confidential nature. This information will be used to determine my eligibility to receive a license from the Department.

I certify that I have never been issued or assigned a Social Security number by the Social Security Administration. (Include supporting documentation as listed on page 2.)

I certify that I have been issued the following Social Security number by the Social Security Administration:

Social Security Number

(Include supporting documentation as listed on page 2.)

8b. I certify that I do not reside in the United States, have not been issued a Social Security number by the Social Security Administration, and am an owner of the business entity applying for licensure, which is not a sole proprietorship. (Supporting documentation is not required.)

I declare under penalty of perjury that the above is true and correct. I understand that providing false information may result in denial of this application and/or revocation of my license.

Executed in:

County

State

Signature

Date