



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

BARBER TECHNICIAN COMBO LICENSE APPLICATION INSTRUCTIONS

USE THIS FORM IF YOU HAVE A BARBER TECHNICIAN LICENSE AND WANT TO COMBINE IT WITH YOUR BARBER MANICURIST LICENSE OR BARBER HAIR WEAVING SPECIALTY LICENSE

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. NAME - Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. DO YOU HAVE A SOCIAL SECURITY NUMBER - Check YES or NO to indicate if you have been issued or assigned a Social Security Number by the Social Security Administration.
3. SOCIAL SECURITY NUMBER - Social security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. 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 at:
www.texasattorneygeneral.gov/child-support or call (512) 460-6000 or (800) 252-8014
4. DATE OF BIRTH - Write your birthdate.
5. GENDER - Select whether you are male or female.
6. MAILING ADDRESS - Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately. Always keep your mailing address current with TDLR. A license renewal notice will be mailed to your address of record before the date your license will expire.
7. PHONE NUMBER - Write 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.
8. EMAIL ADDRESS - Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
9. CRIMINAL HISTORY - Indicate if you have 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 for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/LIC002.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 your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm
10. 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 for each disciplinary action. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/Disciplinary Action
11. LICENSE TO COMBINE WITH BARBER TECHNICIAN - Check the box to indicate which license you want to combine with your barber technician license.
12. BARBER TECHNICIAN/BARBER MANICURIST/BARBER HAIR WEAVING LICENSE NUMBER - Write the license number of your barber technician license, and your barber manicurist license or hair weaving specialty license as indicated in item 11.
13. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you date and sign your application.

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 one of the licensing options available to military service members, military veterans and military spouses, please complete the **Military Service Member, Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at:
<http://www.tdlr.texas.gov/misc/militarysupplemental.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 the TDLR Military Information web page at:
<http://www.tdlr.texas.gov/military.htm>.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at tdlr.texas.gov or reach Customer Service via web form. The web form will allow you to submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help>. You may also reach us at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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DO NOT WRITE ABOVE THIS LINE

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YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

APPLICATION FEE: \$30 (FEE IS NON-REFUNDABLE)

PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR

ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK

1. Name:

_____ Last _____ First _____ Middle Name _____ Suffix (JR, SR, III)

2. Do you have a Social Security Number (SSN): Yes No

3. Social Security Number:

(See instruction sheet for disclosure information) _____

4. Date of Birth:

_____ - _____ - _____
 Month Day Year

5. Gender:

Male Female

6. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (PO Box is allowed for this address.)

Number, Street Name, Apartment Number

City _____ State _____ Zip Code _____

7. Phone Number:

(_____) _____
 Area Code Phone Number

8. Email Address:

(Ex: johndoe@aol.com) See instruction sheet for disclosure information

9. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? Yes No

If YES, complete and attach a Criminal History Questionnaire for each offense.

See the instruction sheet for more information

10. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state? Yes No

If YES, attach a Disciplinary Action Questionnaire to this application. (This does not include your driver license.)

11. License to combine with barber technician: Barber Manicurist Barber Hair Weaving Specialty

12. Barber Technician License Number: _____ **Barber Manicurist License Number:** _____

Barber Hair Weaving Specialty License Number _____

13. STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Occupations Code, Chapters 51, 1601 and 1603; Texas Administrative Code, Chapter 60; and, the Barber Administrative Rules, Texas Administrative Code, Chapter 82. 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.

_____ Date Signed

_____ Applicant Signature