



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

BARBER 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.

1. NAME – Your name must match your government identification or driver license.
2. DO YOU HAVE A SOCIAL SECURITY NUMBER – Disclosure is required by the Texas Family Code 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](#) or call (512) 460-6000 or (800) 252-8014.
3. DATE OF BIRTH – MM/DD/YYYY
4. GENDER – Select 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 – 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. BARBER SCHOOL INFORMATION – Provide the name, school permit number, and address of the barber school you will be attending.
9. COURSE TYPE – CHECK ONLY ONE
10. ENROLLMENT DATE – The date you enrolled in the barber course listed in item 9.
11. HAVE YOU COMPLETED 7TH GRADE?
12. ACKNOWLEDGEMENT OF APPLICANT – Carefully read the acknowledgement of applicant before you date and sign your application. A school representative must also sign and date your application.

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 check or money order. 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. You may also reach us at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday from 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).

TDLR Public Information Act Policy ("Public Information Act"): 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 [Public Information website](#).



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BARBER STUDENT PERMIT APPLICATION

APPLICATION FEE: \$25.00 (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:** (As listed on your government issued ID or driver license)

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

2. **Do you have a Social Security Number (SSN):** Yes _____

(See instruction sheet for disclosure information)

No, I certify I have never been issued or assigned a social security number by the Social Security Administration or any other agency of the federal government of the United States of America.

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

8. **Barber School Information:**

_____ School Name

_____ School Permit Number

_____ Street Number & Name

_____ Apt/Bldg/Ste #

_____ City, State

_____ Zip Code

9. **Course Type:** (Check only one)

Barber (high school program)

Barber

Operator to Barber (300 hours)

Manicurist

Hair Weaving

10. **Enrollment Date:** _____

11. **Have you completed 7th grade?** Yes No

12. ACKNOWLEDGEMENT 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.

_____ Date Signed

_____ Student Signature

_____ Date Signed

_____ School Representative Signature

_____ Printed Name of School Representative