



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## BARBER TRANSCRIPT EVALUATION FORM INSTRUCTIONS

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. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together. **Do not use staples.**

### **DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, AND ALL ATTACHMENTS.**

1. NAME – Write your legal name in the spaces provided. (Last, First, Middle Initial, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. 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/cs](http://www.texasattorneygeneral.gov/cs) or call (512) 460-6000 or (800) 252-8014
3. DATE OF BIRTH – Write your birthdate.
4. GENDER – Select whether you are male or female.
5. 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.
6. 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.
7. 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.
8. LICENSE YOU WILL BE SEEKING – Place a check in the box next to the license you are applying.
9. STATEMENT OF APPLICANT – Carefully read the statement of applicant before you date and sign your application.

### **SEND YOUR COMPLETED REQUEST AND REQUIRED DOCUMENTS TO:**

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

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

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (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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## BARBER TRANSCRIPT EVALUATION FORM

**YOU MUST SUBMIT THE CERTIFIED TRANSCRIPTS OR OFFICIAL FOREIGN CREDENTIAL REPORTS FOR EVALUATION WITH THIS FORM. ONCE THE EVALUATION IS COMPLETED, TDLR WILL NOTIFY YOU BY MAIL AT THE ADDRESS PROVIDED BELOW.**

**ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK**

1. Name:

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix (JR, SR, III)

2. Social Security Number:

(See instruction sheet for disclosure information) \_\_\_\_\_

3. Date of Birth:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

4. Gender:

Male  Female

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

Number, Street Name, Apartment Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Phone Number:

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number

7. Email Address:

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

8. License you will be seeking: (Check only one)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Class A Barber               | <input type="checkbox"/> Barber Technician/Hair Weaver | <input type="checkbox"/> Barber Technician/Manicurist Instructor  |
| <input type="checkbox"/> Manicurist                   | <input type="checkbox"/> Barber Instructor             |   |
| <input type="checkbox"/> Barber Technician            | <input type="checkbox"/> Barber Technician Instructor  | <input type="checkbox"/> Barber Technician/Hair Weaver Instructor |
| <input type="checkbox"/> Hair Weaver                  | <input type="checkbox"/> Hair Weaver Instructor        |   |
| <input type="checkbox"/> Barber Technician/Manicurist |  |   |

## 9. STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Occupational Code, Chapters 51, 1601, and 1603; 16 Texas Administrative Code, Chapter 60; and the Barber Administrative Rules, 16 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