



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

LETTER OF CERTIFICATION AND TRANSCRIPT OF HOURS REQUEST 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, with the check or money order on top. **Do not use staples.**

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

1. REQUEST – Check the box to indicate if you are requesting a letter of certification or a transcript of hours earned at barber school.
2. MAIL TO – Check the box to indicate where you want the letter of certification or transcript of hours mailed.
3. NAME – Write your name as it appears on your barber license or student permit.
4. 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 or call (512) 460-6000 or (800) 252-8014
5. LICENSE NUMBER(S) OR TDLR NUMBER – Write your barber license number or TDLR number. This will help us locate your record.
6. OUT-OF-STATE BARBER BOARD MAILING ADDRESS – Write the complete address for the out-of-state barber board or other business where you want your letter of certification or transcript of hours mailed.
7. MAILING ADDRESS – Write your current mailing address where you want your letter of certification or transcript of hours mailed.
8. 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.
9. 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.
10. APPLICANT SIGNATURE – Date and sign your request form.

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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**LETTER OF CERTIFICATION FEE - \$15 ● TRANSCRIPT OF HOURS FEE - No Fee
(FEES ARE 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. Request:

- Letter of Certification (\$15)
- Transcript of Hours (No Fee)

2. Mail to:

- the out-of-state barber board, barber school, or other business written below in item 6.
- my personal mailing address written below in item 7.

3. Name:

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

4. Social Security Number:

(See instruction sheet for disclosure information) _____

5. License Number(s): _____ **OR TDLR Number:** _____

6. Out-of-State Barber Board Mailing Address: (PO Box is allowed for this address.)

Out-of-state Barber Board or Out-of-state Barber School

Number, Street Name, Suite Number

City _____ State _____ Zip Code _____

7. Personal Mailing Address: (PO Box is allowed for this address.)

Number, Street Name, Suite Number/Apartment Number

City _____ State _____ Zip Code _____

8. Phone Number:

(_____) _____
Area Code Phone Number

9. Email Address:

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

10. APPLICANT SIGNATURE

_____ Date Signed

_____ Applicant Signature