



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12884 - Austin, Texas 78711-2157
(800) 803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.tdlr.texas.gov - cs.barbers@tdlr.texas.gov

APPLICATION FOR:

Barber Hair Braider Specialty Certificate

PURSUANT TO CCUPATIONS CODE, CHAPTER 1601

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

Table with 6 columns: RECEIPT NUMBER, EVENT CODE, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: License Fee, \$43.00

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

1. Applicant's Full Name:

Last (Family Name) First (Given Name) Middle

2. Do you have a Social Security Number? (circle one) YES NO

3. Applicant's Social Security No.*:

*Note: If you have a Social Security Number, Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application. The SSN that is provided is confidential and is required to enforce Child Support orders.

4. Date of Birth: 5. Gender: Male (circle one) Female

6. Applicant's Mailing Address and Contact Information: (USED FOR ALL CORRESPONDENCE)

Number, Street and Apt. No. -OR- P.O. Box Number

City State Zip Code Country Area Code Phone Number

E-mail Address (johndoe@aol.com, for example) FAX Number: Area code Phone number

7. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? YES NO (check one)

If YES, attach a "Criminal History Questionnaire" to this application. A Criminal History Questionnaire may be found at: www.tdlr.texas.gov/barbers/barberforms.htm

8. Have you ever had an occupational license, certification or registration suspended, revoked or denied in any state? YES NO (check one)

Please note this is not referring to a driver's license, but rather any type of work-related license, certification or registration. If YES, attach a "Disciplinary Action Questionnaire" with this application. A Disciplinary Action Questionnaire may be found at www.tdlr.texas.gov/barbers/barberforms.htm

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Occupations Code, Title 9, Chapters 1601 and 1603; TX Admin. Code, Chapter 60; the Barber Administrative Rules, 16 TX. Admin. Code, Chapter 82; and TX Occupations Code Chapter 51. 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's Signature