



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

education@tdlr.texas.gov • www.tdlr.texas.gov

BARBER SCHOOL DISTANCE EDUCATION APPLICATION INSTRUCTIONS

Each entity looking to obtain approval for Cosmetology School Distance education shall provide an application for approval in compliance with Occupations Code, Chapter 1602 and 1603. The application must be completed and signed by the applicant(s). All information provided must be typed or printed in black ink. This application must be submitted on single-sided, 8½" x 11" paper. Please use a paperclip to fasten all pages together, please do not use staples. The following shall be submitted to the Texas Department of Licensing and Regulation P.O. Box 12157. Austin, TX 78711.

1. Name of School – Enter the assumed, legal or DBA name of the School.
2. School License Number – Enter License number.
3. School Mailing Address and Contact Information – Enter the School mailing address, phone number, fax number, and email address. This address is where the Department will mail all correspondence and may be a post office box. Provide the contact person's name, telephone, number, and email address. The contact person listed, and email address will be the contact for the Student Hour and Enrollment Automatic Reporting System (SHEARS) email addresses are a part of the key information required to transact business with TDLR. Your email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
4. Courses – Select the course or courses to be approved for distance education.
5. Statement of Applicant – Application must be signed by the owner, officer or authorized representative of the school. Be sure to print the name, sign and date the application.

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 and all attachments.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at www.tdlr.texas.gov or request for assistance via email at shears@tdlr.texas.gov and include attachments as needed.

Review Process

An application is not considered complete and will not be processed until all sections of the application have been completed and all documents have been received. Applications are processed in the order received. Our division cannot specify the length of time it will take to approve an application. During the review process, you will be notified in writing of any discrepancies/requirements not met.

REQUIRED DOCUMENTS

Provide the following documentation with your application:

- The type of Delivery Method which will be used
- The type of Technology or Program which will be used including the platform, login and password information.
- The type of method including login and password information which will be used for tracking student attendance including hours completed.
- Outline indicating the portion of course which will be completed by distance education hours.



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1. Name of School:

2. School License Number:

3. School Mailing Address and Contact Information: (Used to receive mail from TDLR, P.O. BOX is allowed):

Number, Street Name, Suite Number City State Zip Code

School Email Address

School Website Address

School Phone Number

School Fax Number

Contact Person's Name

Phone Number

Email Address

4. Courses: (Select the course or courses to be approved for distance education)

☐ Class A Barber (Max 250 of 1000 Hours)

☐ Barber Technician/Manicurist (Max 90 of 900 Hours)

☐ Class A Barber (Max 250 of 1000 Hour High School)

☐ Barber Technician/Hair Weaving (Max 89 of 600 Hours)

☐ Cosmetology Operator to Class A Barber (Max 25 of 300 Hours)

☐ Instructor (Max 175 of 750 Hours)

☐ Barber Technician (Max 45 of 300 Hours)

☐ Instructor (Max 125 of 500 Hours)

☐ Manicurist (Max 45 of 600 Hours)

SIGNATURE OF APPLICANT

By signing this application, I certify all information submitted on this and attached forms is true and accurate. I certify that I will comply with all applicable provisions of the Texas Occupation Code, Chapters 51, 1602, and 1603; Texas Administrative Code, Title 16 Chapter 60 and the Barber Administrative Rules. I understand that providing false information on this application may result in revocation of the privilege I am requesting and the possible imposition of administrative penalties.

Printed Name/Signature of Owner, Officer, or Authorized Representative

Date Signed