



TEXAS DEPARTMENT OF LICENSING AND REGULATION

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APPLICATION FOR:

Texas Cosmetology Student Permit

PURSUANT TO OCCUPATIONS CODE, CHAPTER 1602

Do Not Write in the Fee Area Immediately Below

Table with 6 columns: FEE, RECEIPT NUMBER, EVENT CODE, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: Permit Fee, \$25.00

Payments must be in the form of a cashiers check or money order.

DO NOT WRITE ABOVE THIS LINE

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

1. Student's Full Name:

Last (Family Name) First (Given Name) Middle

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

If yes, provide your SSN here:

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

3. Date of Birth: 4. Gender: MALE FEMALE (circle one)

5. Student Mailing Address and Contact Information: (Used for all correspondence)

Number, Street and Apt. No. - OR - P.O. Box Number City State Zip Code

E-mail Address (johndoe@aol.com for example) Area Code Phone Number

6. Cosmetology School Information:

School Name School Permit Number

Number and Street City State Zip Code

7. Course Type: 8. Enrollment Date:

9. Are you enrolling in a high school cosmetology program? (circle one) YES NO

10. Have you graduated high school or obtained your G.E.D? (circle one) YES NO

If yes:

School Name City State Date

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Tex. Occ. Code, Chapters 51, 1602, and 1603; 16 Tex. Admin. Code, Chapter 60; and, the Cosmetology Administrative Rules, 16 Tex. Admin. Code, Chapter 83. 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 Student Signature

Date Signed Instructor Signature License Number