

COSMETOLOGY NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

You must apply for a new salon license if:

- your salon changes location; or
- there is a change in owners.

1. INDIVIDUAL NAME – Write your name as it appears on your cosmetology license if you are making changes or requesting a duplicate of an individual license. For example, a cosmetology operator, manicurist, or esthetician.
2. SALON NAME - Write the name of your salon as it appears on your salon license if you are making changes or requesting a duplicate of your salon license.
3. COSMETOLOGY LICENSE NUMBER– Write your complete license number as it appears on your individual or cosmetology salon license.
4. UPDATE MY EMAIL ADDRESS – Write your new email address. TDLR will use your email address only for the purpose of communicating with you electronically in a manner which protects your email address from disclosure under the Public Information Act.
5. NOTIFICATION OF CHANGE ONLY - Check the boxes that show the changes you wish to make to your personal or salon Information on file with TDLR. If you check to update your individual name, you must submit a copy of a government issued ID or legal document approving or indicating your name change. This is not required if you are requesting a salon name change.
6. DUPLICATE LICENSE REQUEST - Check this box if you want a duplicate of your cosmetology license. You must include the \$25 fee for each duplicate.
7. CHECK LICENSE TYPE - Check the license type(s) that you are requesting a duplicate.
8. UPDATE MY NAME - Write your new legal name in the spaces provided. You must submit a copy of a government issued ID or legal document approving or indicating your name change, such as a marriage license, court petition for name change, or certificate of naturalization.
9. UPDATE MY SALON NAME - Write your new salon name in the space provided. You must apply for a new salon license if there was a change in owners or the salon changed locations.
10. UPDATE MY MAILING ADDRESS - Write your new mailing address in the spaces provided. This is the address where we will send you mail. This address can be a post office box.
11. UPDATE MY PHONE NUMBER - Write your new phone number, including the area code.
12. DATE AND SIGNATURE - Date and sign your request form. Changes to your record cannot be made if your request is not signed.



TEXAS DEPARTMENT OF LICENSING AND REGULATION
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 1-800-803-9202 • (512) 463-6599 • FAX (512) 475-2871
 www.tdlr.texas.gov • cs.cosmetologists@tdlr.texas.gov

FOR LICENSING USE ONLY

COSMETOLOGY NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST

FOR FINANCIAL SERVICES USE ONLY

Do Not Write Above This Line	
DUPLICATE LICENSE FEE: \$25 (FEE IS NON-REFUNDABLE)	
1. Individual Name: (if applicable and as it appears on your cosmetology license)	
_____	_____
Last	First
2. Salon Name: (If applicable and as it appears on your salon license)	

3. Cosmetology License Number:	4. Update My Email Address:
_____	_____
(Ex: johndoe@aol.com) See instruction sheet for disclosure information	
5. Notification of Change Only: (No Cost)	6. Duplicate License Request: (\$25 Fee)
<input type="checkbox"/> Notification of individual name change	<input type="checkbox"/> Request for a duplicate license
<input type="checkbox"/> Notification of salon name change	
<input type="checkbox"/> Notification of mailing address change	
<input type="checkbox"/> Notification of phone number change	
<input type="checkbox"/> Notification of email address change	
7. Check License Type:	
<input type="checkbox"/> Cosmetology Operator	<input type="checkbox"/> Esthetician
<input type="checkbox"/> Hair Weaver	<input type="checkbox"/> Eyelash Extension
<input type="checkbox"/> Booth Rental	<input type="checkbox"/> Cosmetology Instructor
<input type="checkbox"/> Manicurist	<input type="checkbox"/> Esthetician/Manicurist
<input type="checkbox"/> Hair Braider	<input type="checkbox"/> Salon
8. Update My Name: (Documentation required)	
_____	_____
Last	First
9. Update My Salon Name:	

10. Update My Mailing Address: (PO Box is allowed for this address)	

Number, Street Name, Suite Name/Apartment Number	11. Update My Phone Number:
_____	_____
City	Area Code
State	Phone Number
Zip Code	
12. Date and Signature:	
_____	_____
Date Signed	Signature of Licensee