



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157
education@tdlr.texas.gov • www.tdlr.texas.gov

1000-HOUR COSMETOLOGY OPERATOR COURSE APPLICATION INSTRUCTIONS

To offer a 1000-hour Cosmetology Operator course an entity must first apply to and receive approval from TDLR to offer the course. Each entity looking to provide a Cosmetology course shall provide an application in compliance with Title 9, Occupations Code, Chapter 1602 and all TDLR established guidelines and criteria for a Cosmetology School. The following shall be submitted to the Texas Department of Licensing and Regulation P.O. Box 12157, Austin, TX 78711 or faxed to (512) 463-1512.

- 1. School Name** – Enter the official name of the school.
- 2. School TDLR License Number** – Enter the license number for the school that will be offering this course.
- 3. School Mailing Address and Contact Information** – Enter the school's mailing address, phone number, fax number, email address and website address. This address is where TDLR will mail all correspondence and may be a post office box. Provide the contact person's name, telephone, number, and email address. 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. School Physical Address** – Enter the physical address of the school. This address is the actual business location of the school and where permanent records must be kept for auditing and inspection purposes. A post office box is not acceptable for the physical address. This address will be posted public on the TDLR website.
- 5. Course Details** – Select the information appropriate to your course details.
- 6. Course Term** – Enter the number of weeks and hours per day that instruction will be given to meet the 1,000 hour Operator Course technical requirements.
- 7. Requirement Certification** – Certify all requirements to ensure your course meets minimum requirements for a 1,000 hour Operator Course.
- 8. Certification Statement** – Application must be signed by the owner, officer or other authorized representative of the business. Be sure to print name, sign and date the application.

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 application review process, you will be notified in writing of any discrepancies/requirements not met.

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.

REQUIRED DOCUMENTS

- **Completed Application** - This form must be completed in its entirety where applicable
- **Certification Statement** - You must complete the certification statement by ensuring you meet all requirements, checking each requirement and signing the page.



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1000-HOUR COSMETOLOGY OPERATOR COURSE APPLICATION

1. School Name:

2. School TDLR 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/Apartment Number, City, State Zip Code

School Phone Number

School Email Address

School Website Address

School Fax Number

Email Address

Contact Person Name

Phone Number

4. School Physical Address: (P.O. BOX is not allowed)

Number, Street Name, Suite Number/Apartment Number, City, State Zip Code

County

5. Course Details:

☐

I confirm compliance with the curriculum content requirements of 1602.453

Indicate the method in which student hours will be accrued and reported each month. (Select only one box)

☐

Student's time will be accrued in Clock Hours in accordance with 83.72(m)

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Student's time will be accrued in Credit Hours accordance with 83.72(n)

6. Course Term:

Detail the course term information for Full-time and Part-Time students enrolled in the 1000 Operator course below (estimated number of weeks and hours):

Full Time Student Term: The course will be _____ number of weeks, _____ number of hours each week for a total of 1,000 hours.

Part Time Student Term: The course will be _____ number of weeks, _____ number of hours each week for a total of 1,000 hours.

Required Equipment to be provided to students:

- Shampoo bowl and shampoo chair
- Heat processor or hand-held hair dryer and heat cap or therapeutic light
- Cold wave rods
- Thermal iron (electric or non-electric) styling station covered with non-porous material that can be cleaned and disinfected with mirror and styling chairs (swivel or hydraulic)
- Mannequin with sufficient hair, with table or attached to styling station
- Professional hand clippers
- Professional hand held dryer
- Manicure table and stool
- Facial chair or bed
- Lighted magnifying glass
- Dry sanitizer
- Wet disinfecting soaking containers.

7. Requirement Certification: By placing a check in each applicable box below and by my signature, I attest that the required documentation will be maintained and made available to TDLR. All required information will be provided to all prospective students.

- ☐ **Course Outline** (in accordance with §1602.452, *this is your course syllabus*)
- ☐ **Tuition and Fee Schedule** (in accordance with §1602.452, *public secondary schools are exempt*)
- ☐ **School's Tuition Refund Policy** (in accordance with §1602.452-457-458; *public secondary or public post-secondary schools are exempt*)
- ☐ **Attendance Policy and Grading Policy** (in accordance with §1602.451-452)
- ☐ **Withdrawal or Termination Policy** (in accordance with §1602.459)
- ☐ **Make-up Hour Policy** (in accordance with §1602.452)
- ☐ **Daily Lesson Plans** (in accordance with §1602.453)

8. Certification Statement

By signing this application, I certify all information submitted on this application 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 Cosmetology Administrative Rules, Texas Administrative Code, Title 16, Chapter 83. I understand that providing false information on this application may result in revocation of our license or the approval being requested and the possible imposition of administrative penalties.

Signature of Owner and/or Officer

Date Signed

Printed Name of Owner and/or Officer

Title