



TEXAS DEPARTMENT OF LICENSING AND REGULATION  
PO Box 12157 • Austin, Texas 78711-2157  
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871  
[www.tdlr.texas.gov](http://www.tdlr.texas.gov) • [cs.cosmetologists@tdlr.texas.gov](mailto:cs.cosmetologists@tdlr.texas.gov)

## COSMETOLOGY STUDENT PERMIT APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with a cashier's check or money order on top. **Do not use staples.**

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CASHIER'S CHECK OR MONEY ORDER.**

1. NAME - Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. DO YOU HAVE A SOCIAL SECURITY NUMBER: Check YES or NO to indicate if you have been issued or assigned a Social Security Number by the Social Security Administration.
3. SOCIAL SECURITY NUMBER - Social security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:  
  
[www.oag.state.tx.us/child/index](http://www.oag.state.tx.us/child/index) or call (512) 460-6000 or (800) 252-8014
4. DATE OF BIRTH - Write your birthdate.
5. GENDER - Select whether you are male or female.
6. MAILING ADDRESS - Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
7. PHONE NUMBER - Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
8. EMAIL ADDRESS - Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
9. COSMETOLOGY SCHOOL INFORMATION - Write the name, school permit number, and address of the cosmetology school you will be attending.
10. COURSE TYPE - Write the course type you are enrolling in. Example (COP, CMA, and CFA)
11. ENROLLMENT DATE - Write the date you enrolled in the cosmetology school course listed in item 10.
12. ARE YOU ENROLLING IN A HIGH SCHOOL COSMETOLOGY PROGRAM - Check YES or NO to indicate if you are enrolling in a sponsored high school cosmetology program at a college or vocational school.
13. HAVE YOU GRADUATED HIGH SCHOOL OR OBTAINED YOUR G.E.D - Check YES or NO to indicate if you have graduated from high school or obtained your G.E.D. If YES, enter the high school name, city, state, and date of graduation.
14. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you date and sign your application. Additionally, your instructor must sign and date your application.

### **APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES**

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the **Military Service Member, Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at:

<http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the TDLR Military Information web page at:

<http://www.tdlr.texas.gov/military.htm>.

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGSLC)** unless the licensee has entered into a repayment agreement with TGSLC. **YOU SHOULD CONTACT TGSLC BEFORE FILING THIS APPLICATION** if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGSLC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed ATTN: Collections, PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297, <http://www.tgslc.org> or email: [cust.assist@tgslc.org](mailto:cust.assist@tgslc.org).**



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## COSMETOLOGY STUDENT PERMIT APPLICATION

Do NOT WRITE ABOVE THIS LINE			
<b>APPLICATION FEE: \$25 (FEE IS NON-REFUNDABLE)</b>  PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK			
<b>1. Name:</b>			
_____	_____	_____	_____
Last	First	Middle Name	Suffix (JR, SR, III)
<b>2. Do you have a Social Security Number (SSN):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3. Social Security Number:</b> (See instruction sheet for disclosure information)    _____			
<b>4. Date of Birth:</b> _____ - _____ - _____ <span style="font-size: x-small; display: block; text-align: center;">Month                      Day                      Year</span>		<b>5. Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>6. Mailing Address:</b> (USED TO RECEIVE MAIL FROM TDLR) (PO Box is allowed for this address.)			
Number, Street Name, Apartment Number _____		<b>7. Phone Number:</b>	
City _____	State _____	Zip Code _____	(_____) _____ <span style="font-size: x-small; display: block; text-align: center;">Area Code    Phone Number</span>
<b>8. Email Address:</b> _____ <span style="font-size: x-small; display: block; text-align: center;">(Ex: johndoe@aol.com) See instruction sheet for disclosure information</span>			
<b>9. Cosmetology School Information:</b>			
School Name _____		School Permit Number _____	
Number, Street Name, Suite Number _____		City _____	State _____
Zip Code _____			
<b>10. Course Type:</b> _____		<b>11. Enrollment Date:</b> _____	
<b>12. Are you enrolling in a high school cosmetology program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>13. Have you graduated high school or obtained your G.E.D?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If YES:</b>			
School Name _____	City _____	State _____	Graduation Date _____
<b>14. STATEMENT OF APPLICANT</b>			
I certify that I will comply with all applicable provisions of the Texas Occupational Code, Chapters 51, 1602, and 1603; 16 Texas Administrative Code, Chapter 60; and the Cosmetology Administrative Rules, 16 Texas Administrative 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 _____