



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## COSMETOLOGY STUDENT PERMIT APPLICATION INSTRUCTIONS

**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. PAYMENT MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR.**

1. NAME – Provide 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.  
SOCIAL SECURITY NUMBER – Social Security Number disclosure is required by Section 231.302(c)(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.texasattorneygeneral.gov/cs](http://www.texasattorneygeneral.gov/cs) or call (512) 460-6000 or (800) 252-8014
3. DATE OF BIRTH – Provide your birthdate. Failure to provide this information will delay processing of this application.
4. GENDER – Select whether you are male or female. Failure to provide this information will delay processing of this application.
5. PHONE NUMBER – Provide a telephone and alternate 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.
6. MAILING ADDRESS – Provide 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. Always keep your mailing address current with TDLR. A license renewal notice will be mailed to your address of record before the date your license will expire.
7. EMAIL ADDRESS – Provide your email address only if you agree to the following statement. By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
8. COSMETOLOGY SCHOOL INFORMATION – Provide the name, school permit number, and address of the cosmetology school you will be attending. Failure to provide this information will delay processing of this application.
9. COURSE TYPE – Check the box next to the course type you are enrolling in (check only one). Failure to provide this information will delay processing of this application.
10. ENROLLMENT DATE – Provide the date you enrolled in the cosmetology school course listed in item 9. Failure to provide this information will delay processing of this application.
11. 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. Failure to sign this application, by either party, will delay processing of this 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, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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**COSMETOLOGY STUDENT PERMIT APPLICATION**

**APPLICATION FEE: \$25.00 (FEE IS NON-REFUNDABLE)**  
**PAYMENTS MUST IN IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER**  
**PAYABLE TO TDLR ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK**

1. Name:

\_\_\_\_\_

Last, First, Middle Name, Suffix (Jr., Sr., III)

2. Do you have a Social Security Number (SSN):     Yes     No

If Yes, please provide your Social Security Number: \_\_\_\_\_

(See Instruction sheet for disclosure information)

3. Date of Birth:

\_\_\_\_\_

Month/Day/Year

4. Gender:

Male     Female

5. Phone Number:

\_\_\_\_\_

(Area Code) Phone Number

6. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (P.O. Box is allowed for this address)

\_\_\_\_\_

P.O. Box, Number, Street Name, Apartment Number, City, State, Zip code

7. Email Address:

\_\_\_\_\_

(ex: johndoe@gmail.com) See instruction sheet for disclosure information

8. Cosmetology School Information:

\_\_\_\_\_

School Name

\_\_\_\_\_

School Permit Number

\_\_\_\_\_

Number, Street Name, Suite Number, City, State, Zip code

9. Course Type: (Check only one)

- Operator (high school program)
- Operator
- Barber to Operator (300 hours)
- Manicurist
- Esthetician

- Eyelash Extension
- Manicurist/Esthetician
- Hair Weaving
- Wig Specialist
- Operator Instructor

- Manicurist Instructor
- Esthetician Instructor
- Eyelash Instructor
- Manicurist/Esthetician Instructor
- Wig Instructor

10. Enrollment Date: \_\_\_\_\_

**11. STATEMENT OF APPLICANT**

I certify that I will comply with all applicable laws and rules related to my licensed occupation or profession. I further certify that all information I have provided is true and correct. I understand that providing false information may result in denial of this application and/or revocation of the student permit.

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Instructor Signature

\_\_\_\_\_

License Number