



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## COSMETOLOGY INSTRUCTOR LICENSE BY COLLEGE EDUCATION 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. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper.

### **DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR 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.  
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.texasattorneygeneral.gov/child-support](http://www.texasattorneygeneral.gov/child-support) or call (512) 460-6000 or (800) 252-8014
3. DATE OF BIRTH - Write your birthdate.
4. GENDER - Select whether you are male or female.
5. 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. 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.
6. 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.
7. EMAIL ADDRESS - Write 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. TYPE OF INSTRUCTOR LICENSE APPLYING FOR - Check the box of the license you are applying for.
9. HIGH SCHOOL DIPLOMA OR G.E.D. - Check YES or NO to indicate if you have graduated from high school or earned a G.E.D.
10. CRIMINAL HISTORY - Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/misc/LIC002.pdf](http://www.tdlr.texas.gov/misc/LIC002.pdf)

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at [www.tdlr.texas.gov/crimHistoryEval.htm](http://www.tdlr.texas.gov/crimHistoryEval.htm)

11. DISCIPLINARY ACTION HISTORY - Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at [http://www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf](http://www.tdlr.texas.gov/misc/Disciplinary_Action_Questionnaire.pdf)
12. COSMETOLOGY INSTRUCTOR LICENSE ELIGIBILITY - Check option (a) or (b) to identify the method you are using to meet the educational requirement for an instructor license.
13. ATTACHMENTS - If you check option 13(a), you must include a copy of your college transcript that shows you completed 15 semester hours in educational courses through an accredited college or university within 10 years of your application. You must also have at least one year of experience as a cosmetology operator or specialty license holder.

If you check option 13(b), you must include a copy of your degree in education from an accredited college or university. Additionally, you must also have at least one year of experience as a cosmetology operator or specialty license holder.

14. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you date and sign 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>.

**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 [tdlr.texas.gov](http://tdlr.texas.gov) or reach Customer Service via web form. The web form will allow you to submit your request for assistance and include attachments needed at <https://tdlr.texas.gov/help>. You may also reach us at (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 INSTRUCTOR LICENSE BY COLLEGE EDUCATION APPLICATION

**YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.**

**APPLICATION FEE: \$60 (FEE IS NON-REFUNDABLE)**

**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**

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 and 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@aol.com) See instruction sheet for disclosure information

8. Type of Instructor License Applying for:  
 Cosmetology Operator  Esthetician Specialty  Manicurist Specialty  
 Eyelash Extension Specialty  Esthetician/Manicurist Specialty

9. Have you obtained a high school Diploma or the equivalent of a high school diploma?  Yes  No

10. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?  Yes  No  
If YES, attach a Criminal History Questionnaire to this application for each offense.  
See the instruction sheet for more information

11. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state?  Yes  No  
If YES, attach a Disciplinary Action Questionnaire to this application.  
(This does not include your driver license.)

12. Cosmetology Instructor License Eligibility: (check one)  
 (a) I completed 15 semester hours in education courses through an accredited college or university within 10 years before the date of application and have at least one year of experience licensed as a cosmetology operator or specialty license in the field I checked in section nine.  
 (b) I obtained a degree in education from an accredited college or university and have at least one year of experience licensed as a cosmetology operator or specialty license holder in the field I checked in section nine.

13. Attachments:  
If you checked **option (a)**, you must attach to your application:  
• Transcripts from an accredited college or university showing you have completed 15 semester hours of education courses.  
If you checked **option (b)**, you must attach to your application:  
• A copy of your degree in education from an accredited college or university.

### 14. STATEMENT OF APPLICANT

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

\_\_\_\_\_  
Applicant Signature