



## TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

### EXPIRED TEXAS COSMETOLOGY INSTRUCTOR LICENSE 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.**

1. EXPIRED LICENSE NUMBER AND EXPIRATION DATE - Write the license number and expiration date of your Texas cosmetology instructor license. If you are applying because you have a Texas cosmetology instructor license that has been expired more than three years, you must have a current Texas cosmetology license for the type of instructor license you are applying for. For example, if your cosmetology operator instructor license has been expired more than three years, you must have a current Texas cosmetology operator license to be eligible for the instructor exam.
2. 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.)
3. 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
4. DATE OF BIRTH - Write your birthdate.
5. GENDER - Select whether you are male or female.
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. MAILING ADDRESS - Write your current mailing address. 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. EMAIL ADDRESS - Write your email address. 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.
9. TYPE OF LICENSE APPLYING FOR - Check the box of the license you are applying for.
10. 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.
11. 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)
12. 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 the Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/misc/DisciplinaryActionQuestionnaire.pdf](http://www.tdlr.texas.gov/misc/DisciplinaryActionQuestionnaire.pdf)
13. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you date and sign your 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 [tdlr.texas.gov](https://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).



**TEXAS DEPARTMENT OF LICENSING & REGULATION**  
 P.O. Box 12157 • Austin, Texas 78711-2157  
 www.tdlr.texas.gov

**EXPIRED TEXAS COSMETOLOGY  
 INSTRUCTOR LICENSE APPLICATION**

**DO NOT WRITE ABOVE THIS LINE**  
**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. Expired License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Last, First, Middle Name, Suffix (JR, SR, III)

3. Do you have a Social Security Number (SSN):  Yes  No  
 If Yes, please provide your Social Security Number: \_\_\_\_\_  
(See instruction sheet for disclosure information)

4. Date of Birth: _____ <small>Month/Day/Year</small>	5. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Phone Number: _____ <small>Area Code and Phone Number</small>
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7. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (PO Box is allowed for this address.)  
 \_\_\_\_\_  
P.O. Box, Number, Street Name, Apartment Number, City, State, Zip Code

8. Email Address: \_\_\_\_\_  
(Ex: johndoe@gmail.com) See instruction sheet for disclosure information

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

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

11. 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, complete and attach a Criminal History Questionnaire for each offense.  
 See the instruction sheet for more information

12. 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.)

**13. 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 license.

\_\_\_\_\_ Date Signed \_\_\_\_\_ Applicant Signature