



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 • cs.cosmetologists@tdlr.texas.gov

COSMETOLOGY NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

You must apply for a new salon or mini-salon license if:

- **Your salon physically changes location or your mini-salon physically moved to a new salon gallery location.**
- **There is a change in owners.**

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

1. REQUEST FOR - Check the box to indicate if you are requesting a Change of Notice for an individual or a salon/mini-salon.
2. DUPLICATE LICENSE REQUEST - Check the box if you want an updated license reflecting the changes you are requesting. You must include the \$25 fee for each duplicate.
3. NAME - Write your name as it appears on your cosmetology license if you are making changes or requesting a duplicate of an individual license.
4. COSMETOLOGY LICENSE NUMBER - Write your complete license number as it appears on your individual license.
5. 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 or call (512) 460-6000 or (800) 252-8014.
6. DATE OF BIRTH - Write your birthdate.
7. SALON / MINI-SALON NAME - Write the name of your salon or mini-salon as it appears on your salon or mini-salon license.
8. SALON / MINI-SALON LICENSE NUMBER - Write your complete license number as it appears on your salon or mini-salon license.
9. CHECK LICENSE TYPE - Check the license type that you are requesting a change of notice or a duplicate.
10. CHANGE MY NAME - Write your new legal name in the spaces provided. You must submit a copy of a government issued ID or legal document approving or indicating your name change, such as a marriage license, court petition for name change, or certificate of naturalization.
11. CHANGE MY SALON / MINI-SALON NAME - Write your new salon or mini-salon name in the space provided. You must apply for a new salon/mini-salon license if there was a change in owners or the salon physically changed locations.
12. CHANGE MY MINI-SALON ROOM NUMBER - Write your new room number. You must apply for a new mini-salon license if there was a change in owners or if the mini-salon physically moved to a new salon gallery location.
13. CHANGE MY MAILING ADDRESS - Write your new mailing address in the spaces provided. This is the address where we will send you mail. This address can be a post office box.
14. CHANGE MY PHONE NUMBER - Write your new phone number, including the area code.
15. CHANGE MY EMAIL ADDRESS - Write your new email address. By providing my email address I authorize 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.
16. DATE AND SIGNATURE - Date and sign your request form. Changes to your record cannot be made if your request is not signed.



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COSMETOLOGY NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST

DO NOT WRITE ABOVE THIS LINE

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- Your salon physically changes location or your mini-salon physically moved to a new salon gallery location.
- There is a change in owners.

DUPLICATE LICENSE FEE: \$25 (FEE IS NON-REFUNDABLE)

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

1. Request:

☐ Individual ☐ Salon / Mini-Salon

2. Duplicate License Request:

☐ I am including the required \$25 fee

3. Name: (if applicable and as it appears on your cosmetology license)

Last

First

Middle Initial

Suffix (JR, SR, III)

4. Cosmetology License Number:

5. Social Security Number:

(See instruction sheet for disclosure information)

6. Date of Birth:

7. Salon / Mini-Salon Name: (if applicable and as it appears on your cosmetology license)

8. Salon / Mini-Salon License Number:

9. Check License Type(s):

☐ Operator

☐ Esthetician

☐ Manicurist

☐ Instructor

☐ Hair Weaving

☐ Eyelash Extension

☐ Esthetician/Manicurist

☐ Hair Wig

☐ Salon

☐ Mini-Salon Current Room Number: _____

10. Change my Name: (Documentation required)

Last

First

Middle Initial

Suffix (JR, SR, III)

11. Change my Salon / Mini-Salon Name:

12. Change My Mini-Salon
Room Number (if applicable):

13. Change My Mailing Address: (Used to receive mail from TDLR) (PO box is allowed for this address)

Number, Street Name, Suite Number

City

State

Zip Code

14. Change My Phone Number:

15. Change My Email Address:

(_____) _____
Area Code Phone Number

E-mail Address (Ex: johndoe@aol.com) See instruction sheet for disclosure information

16. Date and Signature:

Date Signed

Signature of Licensee