



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.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 – Provide 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 – Provide 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](#) or call (512) 460-6000 or (800) 252-8014.
6. DATE OF BIRTH – Provide your birthdate.
7. SALON / MINI-SALON NAME – Provide the name of your salon or mini-salon as it appears on your salon or mini-salon license.
8. SALON / MINI-SALON LICENSE NUMBER – Provide 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 – Provide 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 – Provide 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 – Provide 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 – Provide 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 – Provide your new phone number, including the area code.
15. CHANGE MY EMAIL ADDRESS – Provide 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.

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 [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#) or fax (512) 463-9468. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only), or (512) 463-6599, Relay Texas - TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday from 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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DUPLICATE LICENSE FEE: \$25.00 (FEE IS NON-REFUNDABLE)

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

1. Request: <input type="checkbox"/> Individual <input type="checkbox"/> Salon / Mini-Salon	2. Duplicate License Request: <input type="checkbox"/> I am including the required \$25.00 fee
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3. Name: (if applicable and as it appears on your cosmetology license)

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

4. Cosmetology License Number: _____	5. Social Security Number: _____ (See Instruction Sheet for disclosure information)	6. Date of Birth: _____ Month/Day/Year
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7. Salon / Mini-Salon Name: (if applicable and as if appears on your cosmetology license) _____	8. Salon / Mini-Salon License Numbers: _____
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9. Select License Type(s):

<input type="checkbox"/> Operator	<input type="checkbox"/> Esthetician	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Instructor
<input type="checkbox"/> Hair Weaving	<input type="checkbox"/> Eyelash Extension	<input type="checkbox"/> Esthetician/Manicurist	<input type="checkbox"/> Salon
<input type="checkbox"/> Mini-Salon Current Room Number: _____			

10. Change My Name: (Documentation required)

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

11. Change My Salon / Mini-Salon Name: _____	12. Change My Mini-Salon Room Number: (if applicable) _____
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13. Change My Mailing Address: (Used to receive mail from TDLR) (P.O. Box is allowed for this address)

 P.O. Box, Number, Street Number/Apartment Number, City, State, Zip Code

14. Change My Phone Number: _____ (Area Code) Phone Number	15. Change My Email Address: _____ (ex: johndoe@gmail.com) See Instruction Sheet for disclosure information
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16. Date and Signature:

_____	_____
Date Signed	Signature of Licensee