



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

LETTER OF CERTIFICATION AND TRANSCRIPT OF HOURS REQUEST FORM 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. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with a cashier's check or money order on top. **Do not use staples.**

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. REQUEST - Check the box to indicate if you are requesting a letter of certification or a transcript of hours earned at cosmetology school.
2. MAIL TO - Check the box to indicate where you want the letter of certification or transcript of hours mailed.
3. NAME - Write your name as it appears on your cosmetology license or student permit.
4. SOCIAL SECURITY NUMBER - 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.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014
5. LICENSE NUMBER(S) OR TDLR NUMBER - Write your cosmetology license number or TDLR number. This will help us locate your record.
6. OUT-OF-STATE COSMETOLOGY BOARD MAILING ADDRESS - Write the complete address for the out-of-state cosmetology board or other business where you want your letter of certification or transcript of hours mailed.
7. MAILING ADDRESS - Write your current mailing address where you want your letter of certification or transcript of hours mailed.
8. 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.
9. EMAIL ADDRESS - Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
10. APPLICANT SIGNATURE - Date and sign your request form.



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Do Not Write Above This Line

**LETTER OF CERTIFICATION FEE - \$15 • TRANSCRIPT OF HOURS FEE - \$5
 (FEES ARE 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. Request: <input type="checkbox"/> Letter of Certification (\$15) <input type="checkbox"/> Transcript of Hours (\$5)	2. Mail to: <input type="checkbox"/> the out-of-state cosmetology board, cosmetology school, or other business written below in item 6. <input type="checkbox"/> my personal mailing address written below in item 7.
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3. Name:

Last
First
Middle Initial
Suffix (JR, SR, III)

4. Social Security Number:
(See instruction sheet for disclosure information) _____

5. License Number(s): _____ **OR TDLR Number:** _____

6. Out-of-State Cosmetology Board Mailing Address: (PO Box is allowed for this address.)

Out-of-state Cosmetology Board or Out-of-state Cosmetology School

Number, Street Name, Suite Number

City _____ State _____ Zip Code _____

7. Personal Mailing Address: (PO Box is allowed for this address.)

Number, Street Name, Suite Number/Apartment Number

City _____ State _____ Zip Code _____

8. Phone Number:
 (____) _____
Area Code Phone Number

9. Email Address:

(Ex: johndoe@aol.com) See instruction sheet for disclosure information

10. APPLICANT SIGNATURE

Date Signed Applicant Signature