



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 REQUEST FOR A CHANGE IN LICENSE STATUS 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. CHANGE IN STATUS - Check the box to indicate whether you want to set your license to inactive or active. If you want to activate your license, you must complete the required continuing education (CE) before your license can be activated.
2. NAME - Write your legal name in the spaces provided. (Last, First, Middle Initial, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
3. 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
4. LICENSE NUMBER AND EXPIRATION DATE - Write your cosmetology license number and expiration date.
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. 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.
8. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you date and sign your application.



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 REQUEST FOR A CHANGE IN LICENSE STATUS FORM

USE ONLY

Do Not Write Above This Line

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. Change in Status:

- I would like to place my license on inactive status. I am aware that my license must be renewed while it is on inactive status. **(License renewal still required before the expiration date)**
- I would like to activate my license. I understand that I must complete my continuing education hours before my license can be activated. **(\$25 cashier's check or money order)**

2. Name:

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

3. Social Security Number:

(See instruction sheet for disclosure information) _____

4. License Number and Expiration Date:

_____ License Number _____ Expiration Date

5. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (PO Box is allowed for this address.)

Number, Street Name, Suite Number/Apartment Number

City _____ State _____ Zip Code _____

6. Phone Number:

(_____) _____
 Area Code Phone Number

7. Email Address:

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

8. 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 _____