



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## COSMETOLOGY TRANSCRIPT EVALUATION FORM INSTRUCTIONS

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, AND ALL ATTACHMENTS.**

1. 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.)
2. 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
3. DATE OF BIRTH - Write your birthdate.
4. GENDER - Select whether you are male or female.
5. 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.
6. 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.
7. EMAIL ADDRESS - Write your email address only if you agree to the following statement: 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. LICENSE YOU WILL BE SEEKING - Place a check in the box next to the license you are applying.
9. 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](http://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).



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## COSMETOLOGY TRANSCRIPT EVALUATION FORM

**DO NOT WRITE ABOVE THIS LINE**

**YOU MUST SUBMIT THE CERTIFIED TRANSCRIPTS OR OFFICIAL FOREIGN CREDENTIAL REPORTS FOR EVALUATION WITH THIS FORM. ONCE THE EVALUATION IS COMPLETED, TDLR WILL NOTIFY YOU BY MAIL AT THE ADDRESS PROVIDED BELOW.**

**ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK**

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

2. Social Security Number: \_\_\_\_\_  
(See instruction sheet for disclosure information)

3. Date of Birth: \_\_\_\_\_ 4. Gender:  Male  Female 5. Phone Number: \_\_\_\_\_  
Month/Day/Year Area Code and Phone Number

6. 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

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

8. License you will be seeking: (Check only one)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Operator       | <input type="checkbox"/> Eyelash Extension      | <input type="checkbox"/> Wig Instructor                    |
| <input type="checkbox"/> Manicurist     | <input type="checkbox"/> Manicurist/Esthetician | <input type="checkbox"/> Eyelash Extension Instructor      |
| <input type="checkbox"/> Esthetician    | <input type="checkbox"/> Operator Instructor    | <input type="checkbox"/> Manicurist/Esthetician Instructor |
| <input type="checkbox"/> Hair Weaver    | <input type="checkbox"/> Manicurist Instructor  |  |
| <input type="checkbox"/> Wig Specialist | <input type="checkbox"/> Esthetician Instructor |  |

### 9. 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