TEXAS DEPARTMENT OF LICENSING AND REGULATION
P.O. Box 12157 - Austin, Texas 78711-2157
800-803-9202 - (512) 463-6599 - FAX (512) 463-1512
www.tdlr.texas.gov education@tdlr.texas.gov

APPLICATION FOR:

Texas Cosmetology School Eyelash Curriculum Approval (320 Hour)

PURSUANT TO TITLE 9, OCCUPATIONS CODE, CHAPTER 1602

School Name	**License #**

School's Mailing Address

_____
Number, Street and Apt. No -OR- PO Box Number

_____
City State Zip Code

_____ _____
Contact Person email Address (johndoe@aol.com for example)

(_____)_____ (_____)_____

Curriculum Content & Course Length (1602.453) Operator Curricula 83.120 (b) (A-K) 320 Hours

Place a check in the box below to confirm compliance with the curriculum content requirements of 1602.453.

☐ **I confirm our school will develop our daily lesson plans in accordance with 83.120 including all 320 hours of sections (A-K).**

Provide below the number of weeks, hours and total hours which should total 320 hours for full and/or part time students.

Full time Students: The Operator term will be _____ number of weeks for _____ number of hours each week totaling _____ hours.

Part time Students: The Operator term will be _____ number of weeks for _____ number of hours each week

Required Equipment: facial bed or massage table that allows the consumer to lie completely flat, stool or chair, lamp, mannequin head, wet sanitizer and dry sanitizer.

STATEMENT OF APPLICANT(S)

By signing this application I certify all information submitted on this application is true and accurate. I certify that I will comply with all applicable provisions of the Texas Occupation Code, Chapters 51, 1602 and 1603; Texas Administrative Code, Title 16, Chapter 60 and the Cosmetology Administrative Rules, Texas Administrative Code, Title 16, Chapter 83. I understand that providing false information on this application may result in revocation of our license or the approval being requested and the possible imposition of administrative penalties.

Printed Name of Owner, Officer, or Authorized Representative **Signature of Owner, Officer, or Authorized Representative** **Date Signed**

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CERTIFICATION STATEMENT OF REQUIRED DOCUMENTATION

School Name	License #

By checking the following boxes and by my signature, I certify that the required documentation will be maintained and made available to the Department and the required information will be provided to all prospective students. I certify that I will comply with all applicable provisions of the Texas Occupations Code, Chapters 51, 1602 and 1603; Tex. Admin. Code, Title 16, Chapter 60 and the Cosmetology Administrative Rules, Tex. Admin. Code, Title 16, Chapter 83. I understand that providing false information on this application may result in revocation of the license I am requesting or the approval requested and the imposition of administrative penalties.

- **This requirement applies only to credit hour schools—Place a √ in box if you are a credit hour school:**

☐ **At the end of the course or module, student's accrued credit hours will be reported. Module completion forms will be maintained for each student.** *(in accordance with 83.72 (l) (3) and (n).*

Place a √ in each box:

	Course Outline (in accordance with *§1602.452 this is your course syllabus)*
	Tuition & Fee Schedule (in accordance with *§1602.452; public secondary schools are exempt)*
	School's Tuition Refund Policy (in accordance with *§1602.452-457-458; public secondary or postsecondary schools are exempt)*
	Attendance Policy and Grading Policy (in accordance with *§1602.451 and §1602.452)*
	Withdrawal or Termination Policy (in accordance with *§1602.459)*
	Make-up Hour Policy (in accordance with *§1602.452)*
	Daily Lesson Plans (in accordance with *§1602.453)*

SIGNATURE(S) OF CERTIFICATION STATEMENT

Printed Name of Owner, Officer, or Authorized Representative	Signature of Owner, Officer, or Authorized Representative	Date Signed

Printed Name of Owner, Officer, or Authorized Representative	Signature of Owner, Officer, or Authorized Representative	Date Signed