



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12088 - Austin, Texas 78711-2157

1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871

http://www.license.state.tx.us - cosmetologists@license.state.tx.us

Eyelash Extension Application Training Program Submission

PURSUANT TO OCCUPATIONS CODE, CHAPTER 1602

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

1. **Manufacturer/Distributor/Company Name:**

2. **Website Address:**

3. **Contact Person:**

Phone Number:

4. **Mailing Address and Contact Information:**

Number, Street and Apt. No. - OR - P.O. Box Number

City State Zip Code Country () Area Code Phone Number

FAX Number: () _____
Area Code Phone Number E-mail Address (johndoe@aol.com for example)

5. **Along with this application, please also submit a copy of the certificate or other form of proof of successful completion of eyelash extension application training program, issued to the person completing the course.**

Please submit this form and any additional documents to TDLR by email at elizabeth@license.state.tx.us, or by fax at (512) 463-2951.

Date Signed

Signature