



TEXAS DEPARTMENT OF LICENSING AND REGULATION

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REQUEST FOR A CHANGE IN LICENSE STATUS

PURSUANT TO OCCUPATIONS CODE, CHAPTER 51

Table with 6 columns: FEE, RECEIPT NUMBER, EVENT CODE, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: License Fee

License #

DO NOT WRITE ABOVE THIS LINE

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

1. Indicate the appropriate box:

Input box

I would like to put my license on inactive status. I am aware that my license must be renewed while it is on inactive status. (No fee)

Input box

I would like to activate my license. (\$25.00 cashiers check or money order)

2. Full Name:

Last (Family Name) First (Given Name) Middle

3. Social Security No.:

Note: If you have a Social Security Number (SSN), Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their SSN when filing an application. The SSN that is provided is confidential and is required to enforce Child Support orders.

4. License Number: License Expiration Date:

5. Mailing Address and Contact Information: (USED FOR ALL CORRESPONDENCE)

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

City State Zip Code Country () Area Code Phone Number

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

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Tex. Occ. Code, Chapters 51, 1602, and 1603; 16 Tex. Admin. Code, Chapter 60; and, the Cosmetology Administrative Rules, 16 Tex. Admin. 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

Signature of Applicant

**The Department will add your address to the Cosmetology e-mail notification list, which automatically provides information from the Department on matters affecting Cosmetology. Your e-mail address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public