



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
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www.tdlr.texas.gov education@tdlr.texas.gov

Application for:

Texas Cosmetology School Duplicate License Request

Pursuant to Title 9, Occupations Code, Chapter 1602

| DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW | | | | | |
|---|-----------------------|-------------------|-------------------|--------------------|-------------------|
| FEE | RECEIPT NUMBER | EVENT CODE | FEE AMOUNT | PMT. AMOUNT | MONEY TYPE |
| Duplicate License/ Revision Fee | | | 25.00 | | |

DO NOT WRITE ABOVE THIS LINE

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

1. School Name:

2. License Number

3. Change School Mailing/Physical Address and Contact Information:

Number, Street Name, Suite Number, PO Box (Used to receive mail from TDLR)

City State Zip Code

Business phone number Fax Number

Contact Person Email

4. Federal ID Number (issued by the IRS):

5. Signature of Owner, Officer or Authorized Representative

STATEMENT OF APPLICANT

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 and the imposition of administrative penalties.

Signature of Owner, Corporate Officer or Authorized Representative

Signature Date

Signature of Owner, Corporate Officer or Authorized Representative

Signature Date