



**TEXAS DEPARTMENT OF LICENSING AND REGULATION**

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

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APPLICATION FOR

**COSMETOLOGY OPERATOR  
EARLY WRITTEN EXAMINATION**

PURSUANT TO TITLE 9, OCCUPATIONS CODE, CHAPTER 1602 & 1603

NO FEE REQUIRED TO FILE THIS APPLICATION

**DO NOT WRITE ABOVE THIS LINE**

**THIS FORM MUST BE TYPED OR PRINTED IN BLACK INK**

Cosmetology operator students are eligible to take the written examination after completing at least 1,000 hours of instruction in a department-approved training program. By filing this application you are requesting to sit for the written exam.

**School**

Name

**Student**

Permit #

Name (Last, First, MI)

**Student's  
Address**

(Eligibility postcard will be mailed to this address)

  

**Hours earned  
at this school**

**STATEMENT OF SCHOOL OFFICIAL**

I certify that the above student has completed at least 1,000 hours of operator instruction in a department-approved training program. This student is eligible for early examination as defined in Texas Occupations Code Chapter 1603 Section 1603.225.

Official Signature

Printed Official Name

School License #

Date

**STATEMENT OF STUDENT**

I certify that I have earned at least 1,000 hours of operator instruction in a department approved training program and am eligible for early examination as defined in Texas Occupations Code Chapter 1603 Section 1603.225. I also certify that I will comply with all applicable provisions of the Texas Occupations Code, Chapters 51, 1602 & 1603 Cosmetology and Texas Administrative Code, 60 & 83. I understand that providing false information on this application may result in the denial of a Cosmetology License or result in the revocation of the approval I am requesting and the imposition of administrative penalties.

Student Signature

Printed Student Name

Date