



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

APPLICATION FOR:

Cosmetology Eyelash Extension Specialty License

PURSUANT TO OCCUPATIONS CODE, CHAPTER 1602

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

Table with 6 columns: RECEIPT NUMBER, EVENT CODE, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: License Fee, \$53.00

THIS APPLICATION MUST BE FILED BY APRIL 1, 2012

DO NOT WRITE ABOVE THIS LINE

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

1. Applicant's Full Name:

Last (Family Name) First (Given Name) Middle

2. Do you have a Social Security Number? (circle one) Yes No

3. Applicant's Social Security No. *:

* Note: If you have a Social Security Number, Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application.

4. Date of Birth: 5. Gender: (circle one) Male Female

6. Applicant's Mailing Address and Contact Information: (USED FOR ALL CORRESPONDENCE)

Number, Street and Apt. No. -OR- P.O. Box Number Phone Number: () Area Code Phone Number
City State Zip Code Country
E-mail Address (johndoe@aol.com, for example) Fax Number: () Area Code Phone Number

7. Training and Experience:

- (A) submit proof of successful completion of a department-approved training program provided by an eyelash extension manufacturer or distributor;
or
(B) complete at least 240 hours of verifiable practical experience performing the practice of Cosmetology defined in Texas Occupations Code & 1602.002 (a)(12) at a facility licensed under this chapter.

8. Salon Name: Salon License #:

Salon Physical Address: Number and Street Phone No. () Area Code Phone Number
City State Zip Code

Signature Title of Person Verifying Experience

9. Have you obtained a high school diploma or the equivalent of a high school diploma? Yes No

10. Have you ever been convicted of or placed on probation for a criminal offense? Yes No

Include all felonies and misdemeanors other than traffic tickets.

11. Have you had a license, certification or registration suspended, revoked or denied in any State? (Does not include driver's license.) Yes No

If the answer to #10 or #11 is YES, attach a completed Criminal History Questionnaire or Disciplinary Action Questionnaire for each conviction, probation or sanction. (Questionnaire forms available on the TDLR website.)

STATEMENT OF APPLICANT

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

Applicant's Signature

COSMETOLOGY EYELASH EXTENSION APPLICATION SPECIALITY INSTRUCTIONS

MUST BE FILED BY APRIL 1, 2012

1. Application License Fee of \$53 **(All payments must be in the form of a cashier's check of money order and payable to TDLR.)**
2. Must file a completed application.
3. Submit a copy of an Eyelash Training Certificate or 240 hours of verifiable work experience (affidavit on application #8).