



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## MESSAGE STUDENT PERMIT APPLICATION INSTRUCTIONS

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CASHIER'S CHECK OR MONEY ORDER.**

1. **NAME** – Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. **DO YOU HAVE A SOCIAL SECURITY NUMBER** – Check YES or NO to indicate if you have been issued or assigned a Social Security Number by the Social Security Administration. If Yes, provide your Social Security Number. Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:  
[www.texasattorneygeneral.gov/cs](http://www.texasattorneygeneral.gov/cs) or call (512) 460-6000 or (800) 252-8014
3. **DATE OF BIRTH** – Provide your birth date.
4. **GENDER** – Select whether you are male or female.
5. **MAILING ADDRESS** – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
6. **PHONE NUMBER** – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. **EMAIL ADDRESS** – Provide your email address. By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
8. **MESSAGE SCHOOL INFORMATION** – Provide the name, school license number, and address of the massage school you will be attending.
9. **PROGRAM TYPE** – Provide the course type you are enrolling in. Example (MT)
10. **ENROLLMENT DATE** – Provide the date you enrolled in the massage school.
11. **HAVE YOU GRADUATED HIGH SCHOOL OR OBTAINED YOUR G.E.D** – Check YES or NO to indicate if you have graduated from high school or obtained your G.E.D. If YES, enter the high school name, city, state, and date of graduation.
12. **ACKNOWLEDGEMENT** – Carefully read the statement before you sign and date this application.

### **APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES**

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the **Military Service Member, Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at:  
<http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the TDLR Military Information web page at:  
<http://www.tdlr.texas.gov/military.htm>.

### **SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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## MASSAGE THERAPIST STUDENT PERMIT APPLICATION

**APPLICATION FEE: \$25 (FEE IS NON-REFUNDABLE)**

**PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR**

**ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK**

1. Name:

\_\_\_\_\_  
Last Name, First Name, Middle Name, Suffix (Jr, Sr, III)

2. Do you have a Social Security Number (SSN): ☐ Yes ☐ No

If Yes, please provide your Social Security Number: \_\_\_\_\_

(See instruction sheet for disclosure information)

3. Date of Birth:

\_\_\_\_\_  
Month/Day/Year

4. Gender:

☐ Male

☐ Female

5. Phone Number:

\_\_\_\_\_  
(Area Code) Phone Number

6. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (P.O. Box is allowed for this address)

\_\_\_\_\_  
P.O. Box, Number, Street Name, Apartment Number, City, State, Zip code

7. Email Address:

\_\_\_\_\_  
(ex: johndoe@gmail.com) See instruction sheet for disclosure information

8. Massage School Information:

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Permit Number

\_\_\_\_\_  
Number, Street Name, Suite Number, City, State, Zip code

9. Program Type: \_\_\_\_\_

10. Enrollment Date: \_\_\_\_\_

11. Have you graduated high school or obtained your G.E.D? ☐ Yes ☐ No

If YES, please provide the school name, city, state and graduation date.

\_\_\_\_\_  
School Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Graduation Date

12.

### ACKNOWLEDGEMENT

I certify that all information I have provided for this student is true and correct. I understand that providing false information may result in denial of this application and/or any revocation of a license to be issued.

\_\_\_\_\_  
School Representative Print Name

\_\_\_\_\_  
School Representative Signature

\_\_\_\_\_  
Date