



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## NO SSN MESSAGE STUDENT PERMIT APPLICATION INSTRUCTIONS

This application should only be used by licensed massage therapy schools who are enrolling students that do not hold a social security number.

1. **Name** – Write the students 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. **Application Fee** – \$25.00 check or money order. Non-refundable.
3. **Date of Birth** – Provide the students date of birth.
4. **Gender** – Select gender of the student.
5. **Student Social Security Number** – Select YES or NO to indicate if the student has been issued or assigned a Social Security Number by the Social Security Administration. If yes, provide the Social Security Number. Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code 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](#) or call (512) 460-6000 or (800) 252-8014.
6. **Student Mailing address and contact information** – 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. Provide a telephone number, including the area code, where we can reach you during the day. Provide your email address. By providing your email address you authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices by electronic mail. The email address provided in this application will remain confidential except as permitted or required by law.
7. **Massage School Information** – Provide the name, school license number, and address of the massage school you will be attending.
8. **Program Type** – Provide the course type the student is enrolling in. Example (MT)
9. **Enrollment Date** – Provide the date the student enrolled in the massage school.
10. **Graduation from high school or obtained G.E.D** – Select YES or NO to indicate if you have graduated from high school or obtained you G.E.D. If YES, enter the high school's name, city, state, and date of graduation.
11. **Acknowledgement** – Carefully read the statement before you sign and date this application.

### SEND THE COMPLETED APPLICATION, FEE, 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 or reach the [Education and Examination Division](#) via webform where you can submit your request for assistance and include attachments as needed. Customer Service can also be reached at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday from 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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1. Name _____ Last First Middle Name Suffix			2. Request Fee: \$25.00
3. Date of Birth: _____ Month Day Year	4. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Social Security Number: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ See instruction sheet for disclosure information	
6. Student mailing address and contact information: (P.O. Box is allowed for this address) _____ P.O. Box, Number, Street Name, Apartment Number, City, State, Zip Code			
Email Address: _____ See instruction sheet for disclosure information		Phone Number: _____ (Area Code) Phone Number	
7. Massage School Information: _____ School Name		_____ School Permit Number	
_____ Number, Street Name, Suite Number, City, State, Zip Code			
8. Program Type: _____		9. Enrollment Date: _____	
10. Graduated high school or obtained your G.E.D? (If Yes, provide the school's information and graduation date) <input type="checkbox"/> Yes <input type="checkbox"/> No _____ School Name City State Zip Code			

### ACKNOWLEDGEMENT

I certify that all information I have provided 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 Printed Name

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

\_\_\_\_\_  
Date Signed