



TEXAS DEPARTMENT OF LICENSING AND REGULATION

PO Box 12157 • Austin, Texas 78711 • (512) 463-6599 • (800) 803-9202 • Fax (512) 475-2871
www.license.state.tx.us

DISCIPLINARY ACTION QUESTIONNAIRE

If you have had an occupational license revoked, suspended, probated or denied in any state, county or municipality, the Department must review your disciplinary action history to determine if you are eligible to obtain a license. You should provide exact details when completing this form.

Questions regarding this form may be addressed to the TDLR Enforcement Division at (512)539-5600. Please mail this form, along with the appropriate application and fee, to the address above. If you need to email it, please send it to CHQ@tdlr.texas.gov and also provide the type of license you are applying for with TDLR.

Type of License you are applying for: _____ (Ex: Barber, Cosmetologist, Electrician, Towing, etc.)

Name: _____ Social Security Number: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail*: _____

PART ONE: License Revoked, Suspended or Probated

If you have had one, or more, occupational licenses revoked, suspended or probated, please complete this section. Please provide the requested information as to each revocation, suspension or probation. Attach additional pages if necessary.

Type of occupational license: _____

Full name on the license: _____

License number: _____

Date the license was issued: _____

Name and address of the agency that issued the license:

Name and address of the agency that imposed sanctions, if different from the issuing agency:

Please describe the exact type of sanction received: _____
(Example: revocation, suspension, probation, etc.)

Date the sanction was imposed: _____



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Please state the specific reason(s) for the revocation, suspension or probation:

Three horizontal lines for text entry.

If suspended or probated, specify the length of time of the suspension or probation: (Example: 6 months)

What were the terms and conditions of the probation?

One horizontal line for text entry.

Did you successfully complete the probation? Yes No: If not, why?

Two horizontal lines for text entry.

PART TWO: License Denied

If you applied for an occupational license and it was denied, please complete this section. If you have had more than one license denial, please provide the requested information as to each denial. Attach additional pages if necessary.

Type of occupational license applied for:

Full name on the license:

Date you applied for the license: Date the license was denied:

Name and address of the agency that denied the license:

Two horizontal lines for text entry.

Please give the specific reason(s) for the denial:

Three horizontal lines for text entry.

By signing below, I affirm I am the applicant completing this form and understand that if I fail to provide full and accurate information, the issuance of my license could be delayed or denied.

Signature: Date:

* TDLR will only use your email address for the purpose of communicating with you electronically in a manner which protects your email address from disclosure under the Public Information Act.