



Texas Department of Licensing and Regulation
PO Box 12157 • Austin, Texas 78711-2157
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
www.tdlr.texas.gov

DISCIPLINARY ACTION QUESTIONNAIRE INSTRUCTIONS

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. Provide exact details when completing this form. Provide information pertaining to occupational licenses only, **not** driver licenses.

Questions regarding this form may be addressed to the Texas Department of Licensing and Regulation (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.

1. TYPE OF REQUEST - Write the type of license you are applying for or renewing. (ex: Barber, Cosmetology, Electrician, Towing, Air Conditioning Technician, etc.)
2. NAME – Write your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
3. 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.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.
4. PHONE NUMBER – Write 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.
5. EMAIL ADDRESS – By providing my email address I authorize 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.
6. MAILING ADDRESS – Write 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.
7. LICENSE REVOKED, SUSPENDED OR PROBATED – Complete this section if you have had one, or more, occupational licenses revoked, suspended or probated. Provide the requested information as to each revocation, suspension or probation. Attach additional pages if necessary.
8. LICENSE DENIED - If you applied for an occupational license and it was denied, complete this section. If you have had more than one license denial, provide the requested information separately as to each denial. Attach additional pages if necessary.
9. STATEMENT OF APPLICANT - Carefully read the statement before dating and signing your application.

FAILURE TO FILL OUT THE FORM COMPLETELY AND ACCURATELY CAN DELAY THE CONSIDERATION OF YOUR APPLICATION



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DO NOT WRITE ABOVE THIS LINE

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

2. Name:

Last Name

First Name

Middle Name

3. Social Security Number:

4. Phone Number:

See Instruction Sheet for Disclosure Information

Area Code

Number

5. Email Address:

Ex: john.doe@aol.com See Instruction Sheet for Disclosure Information

6. Mailing Address:

(P.O. Box, Number, Street Name/Apartment Number)

City

State

Zip Code

7. LICENSE REVOKED, SUSPENDED OR PROBATED

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

IMPORTANT: Do not include information about your driver licenses.

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:

LICENSE REVOKED, SUSPENDED OR PROBATED(cont.)

What sanction was imposed: _____

(Example: revocation, suspension, probation, etc.)

Date the sanction was imposed: _____

Specific reason(s) for the revocation, suspension or probation of the occupational license: _____

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 occupational license probation? _____

Did you successfully complete the license probation? (please check the box that applies)

Yes

No

If No, briefly state why: _____

8. LICENSE STATUS OF DENIED

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

Type of occupational license: _____

Full name on the license: _____

Date you applied for the license: _____

Date the license was denied: _____

Name and address of the agency that issued the license: _____

Specific reason(s) for the denial: _____

9. STATEMENT OF APPLICANT

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 _____