



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## COSMETOLOGY 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 - Write your birthdate.
4. GENDER - Select whether you are male or female.
5. 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.
6. 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.
7. Write your 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.
8. COSMETOLOGY SCHOOL INFORMATION - Write the name, school permit number, and address of the cosmetology school you will be attending.
9. COURSE TYPE - Write the course type you are enrolling in. Example (COP, CMA, and CFA)
10. ENROLLMENT DATE - Write the date you enrolled in the cosmetology school course listed in item 10.
11. ARE YOU ENROLLING IN A HIGH SCHOOL COSMETOLOGY PROGRAM - Check YES or NO to indicate if you are enrolling in a sponsored high school cosmetology program at a college or vocational school.
12. 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.
13. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you date and sign your application. Additionally, your instructor must sign and date your application.

### **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 [tdlr.texas.gov](http://tdlr.texas.gov) or reach Customer Service via web form. The web form will allow you to submit your request for assistance and include attachments needed at <https://tdlr.texas.gov/help>. You may also reach us at (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).

### **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>.



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## COSMETOLOGY STUDENT PERMIT APPLICATION

**DO NOT WRITE ABOVE THIS LINE**

**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, First, 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: \_\_\_\_\_ 4. Gender:  Male  Female 5. Phone Number: \_\_\_\_\_  
Month/Day/Year Area Code and 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@aol.com) See instruction sheet for disclosure information

8. Cosmetology School Information:  
School Name \_\_\_\_\_ School Permit Number \_\_\_\_\_  
Number, Street Name, Suite Number, City, State, Zip Code

9. Course Type: \_\_\_\_\_ 10. Enrollment Date: \_\_\_\_\_

11. Are you enrolling in a high school cosmetology program?  Yes  No

12. 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 \_\_\_\_\_

### 13. STATEMENT OF APPLICANT

I certify that I will comply with all applicable laws and rules related to my licensed occupation or profession. I further 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 revocation of the license.

\_\_\_\_\_  
Date Signed Student Signature  
\_\_\_\_\_  
Date Signed Instructor Signature License Number