

# **TEXAS DEPARTMENT OF LICENSING AND REGULATION**

*Licensing Division*

*P.O. Box 12088 • Austin, Texas 78711 • (512) 463-6599 • (800) 803-9202 • fax (512) 475-2871*

*Website: [www.tdlr.texas.gov](http://www.tdlr.texas.gov) - [cs.cosmetologists@tdlr.texas.gov](mailto:cs.cosmetologists@tdlr.texas.gov)*

Dear Applicant:

Enclosed is an application for a Texas Reciprocal Cosmetology License. To be eligible for a Reciprocal Cosmetology License, you must submit the following:

- 1. Reciprocal License Fee of \$167.00 (All payments must be made in the form of a cashier's check or money order and payable to TDLR)**
- 2. Reciprocal Application, completed in full**
- 3. Copy of your current license**
- 4. Letter of certification from the state in which your current license was issued**

**Note: You must contact the state in which your current license was issued and request that they send to you, or to the Texas Department of Licensing and Regulation, a letter of certification. To expedite the process, it is best for the other state to send you the letter of certification, so that you may submit all of the paperwork to TDLR at the same time. However, you must be sure that the letter of certification remains in the sealed envelope from the other state.**

Always keep your mailing address current with the Texas Department of Licensing and Regulation. A license renewal notice will be mailed to your address of record prior to the date that your license will expire.

Note: TDLR will use your email address only for the purpose of communicating with you electronically in a manner which protects your email address from disclosure under the Public Information Act. See additional information at the following link: [www.tdlr.texas.gov/newsletters/TDLRnotificationLists.asp](http://www.tdlr.texas.gov/newsletters/TDLRnotificationLists.asp).



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APPLICATION FOR:

Reciprocity—Cosmetology

PURSUANT TO OCCUPATIONS CODE, CHAPTER 1602

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

Table with 6 columns: FEE, RECEIPT NUMBER, EVENT CODE, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: License Fee, \$167.00

DO NOT WRITE ABOVE THIS LINE

All payments must be in the form of a cashiers check or money order and payable to TDLR.

1. Full Name:

Last First Middle

2. Do you have a Social Security Number? (circle one) YES NO

3. Social Security Number:

Note: If you have a Social Security Number, Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application. The SSN that is provided is confidential and is required to enforce Child Support orders.

4. Date of Birth:

Month Day Year

5. Gender:

MALE (circle one) FEMALE

6. Applicant's Mailing Address and Contact Information: (USED FOR ALL CORRESPONDENCE)

Number, Street and Apt. No. - OR - P.O. Box Number

City State Zip Code ( ) Area Code Phone Number

FAX Number: ( ) Area Code Phone Number E-mail Address (johndoe@aol.com for example)

7. Type of License Applying for: (circle one)

Operator Manicurist Specialty Esthetician Specialty Wig Specialty
Hair Weaving Specialty Hair Braiding Specialty Eyelash Extension Specialty

8. State in which License was issued:

9. License Number and Expiration Date:

# : Exp.:

**10. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?**

**YES NO**

If the answer is **YES**, attach a completed Criminal History Questionnaire, which can be found on TDLR's website at:

(circle one)

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

**11. Have you had a license, certification or registration suspended, revoked, or denied in any State?**

**YES NO**

(Does not include driver's license.) If the answer is **YES**, attach a completed Disciplinary Action Questionnaire, which can be found on TDLR's website at:

(circle one)

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

### STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Tex. Occ. Code, Chapters 51, 1602, and 1603; 16 Tex. Admin. Code, Chapter 60; and, the Cosmetology Administrative Rules, 16 Tex. Admin. Code, Chapter 83. I understand that providing false information on this application may result in denial or revocation of the license I am requesting and the imposition of administrative penalties.

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

\_\_\_\_\_ Applicant's Signature