



## COSMETOLOGY ESTHETICIAN/MANICURIST SPECIALTY LICENSE APPLICATION INSTRUCTIONS

USE THIS FORM IF YOU HAVE AN UNEXPIRED COSMETOLOGY ESTHETICIAN AND MANICURIST SPECIALTY LICENSE.

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with a cashier's check or money order on top. **Do not use staples.**

**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 Initial, 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.
3. SOCIAL SECURITY NUMBER - Social security number disclosure is required by Section 231.302(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](http://www.oag.state.tx.us/child/index) or call (512) 460-6000 or (800) 252-8014
4. DATE OF BIRTH - Write your birthdate.
5. GENDER - Select whether you are male or female.
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. Always keep your mailing address current with TDLR. A license renewal notice will be mailed to your address of record before the date your license will expire.
7. 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.
8. EMAIL ADDRESS - Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
9. CRIMINAL HISTORY - Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/MISC/lic002.pdf](http://www.tdlr.texas.gov/MISC/lic002.pdf)  
If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at [www.tdlr.texas.gov/crimHistoryEval.htm](http://www.tdlr.texas.gov/crimHistoryEval.htm)
10. DISCIPLINARY ACTION HISTORY - Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/misc/DisciplinaryActionQuestionnaire.pdf](http://www.tdlr.texas.gov/misc/DisciplinaryActionQuestionnaire.pdf)
11. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you date and sign your application.

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGSLC)** unless the licensee has entered into a repayment agreement with TGSLC. **YOU SHOULD CONTACT TGSLC BEFORE FILING THIS APPLICATION** if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGSLC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed Student Loan Corporation, PO Box 15996, Austin, Texas 78761-5996, Telephone: (800) 222-6297.**



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 • cs.cosmetologists@tdlr.texas.gov

## COSMETOLOGY ESTHETICIAN/MANICURIST SPECIALTY LICENSE APPLICATION

**Do Not Write Above This Line**

**YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.**

**APPLICATION FEE: \$50 (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 Initial \_\_\_\_\_ Suffix (JR, SR, III)

**2. Do you have a Social Security Number (SSN):**  Yes  No

**3. Social Security Number:**

(See instruction sheet for disclosure information) \_\_\_\_\_

**4. Date of Birth:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Month Day Year

**5. Gender:**

Male  Female

**6. Mailing Address:** (USED TO RECEIVE MAIL FROM TDLR (A PO box is allowed for this address))

Number, Street Name, Apartment Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**7. Phone Number:**

(\_\_\_\_\_) \_\_\_\_\_  
 Area Code Phone Number

**8. Email Address:**

(Ex: johndoe@aol.com) See instruction sheet for disclosure information

**9. 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 YES, complete and attach a Criminal History Questionnaire for each offense.

**See the instruction sheet for more information**

**10. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state?**

Yes  No

If YES, attach a Disciplinary Action Questionnaire to this application.  
 (This does not include your driver license.)

**11. STATEMENT OF APPLICANT**

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

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

\_\_\_\_\_ Applicant Signature