

## 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 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  $\underline{black}$   $\underline{ink}$ . Attachments must be submitted on separate pieces of single-sided,  $8\frac{1}{2}$ " 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**.

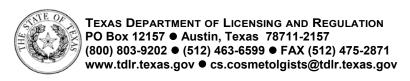
## DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CASHIER'S CHECK OR MONEY ORDER.

- 1. <u>NAME</u> 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.)
- 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. <u>SOCIAL SECURITY NUMBER</u> 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 or call (512) 460-6000 or (800) 252-8014

- 4. <u>DATE OF BIRTH</u> 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. <u>PHONE NUMBER</u> 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. <u>EMAIL ADDRESS</u> 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. <u>CRIMINAL HISTORY</u> 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 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.govcrimHistoryEval.htm
- 10. <u>DISCIPLINARY ACTION HISTORY</u> 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/Disciplinary Action Questionnaire.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.



## 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	, in	niquie iriitiai	Suilix (JR, SR, III)
3. Social Security Number:					
(See instruction sheet for disclosure information)					
4. Date of Birth:		5. Gender:			
		J. Gender.	☐ Male	☐ Femal	le .
Month Day	Year		Indic		
6. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR (A F	PO box is allowed for	this address)			
Number, Street Name, Apartment Number					
City	State			Zi	p Code
7. Phone Number:	8. Email Add	ress:			
Area Code Phone Number	Ex: johndoe@aol.com) See instruction sheet for disclosure information				
Aca code Thore Number	()	x. joilidoe@aoi.com) 36	e instruction sheet	ioi disclosure illioni	iation
9. Have you ever been convicted of, or placed or			any		Yes □ No
misdemeanor or felony, other than a minor traffic violation?  If YES, complete and attach a Criminal History Questionnaire for each offense.				Ш	tes 🗆 No
See the instruction sheet for more information					
10. Have you ever had an occupational license, co					
or registration suspended, revoked, or denied in any state?  If YES, attach a Disciplinary Action Questionnaire to this application.			Π,	Yes □ No	
(This does <u>not</u> include your driver license.)	iodion.				ies 🗆 NO
11. STATEMENT	T OF APPLICA	ANT			
I certify that I will comply with all applicable provisions of the					
ministrative Code, Chapter 60; and the Cosmetology Admir that providing false information on this application may resu					
istrative penalties.	iii iii ic vocation	or the license ra	iii requesting	and the impo	osition of admin-
Date Signed	Applicant Signature				
Sate digited	Αμρι	Joann Orginature			