



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.barbers@tdlr.texas.gov

BARBER TRANSCRIPT EVALUATION FORM INSTRUCTIONS

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. **Do not use staples.**

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, AND ALL ATTACHMENTS.

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. 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 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. 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.
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. 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.
8. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you date and sign your application.



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DO NOT WRITE ABOVE THIS LINE

FILE THIS FORM ALONG WITH THE TRANSCRIPTS YOU WISH TO HAVE EVALUATED. TDLR WILL ISSUE A TRANSCRIPT EVALUATION LETTER AND MAIL IT TO THE ADDRESS YOU PROVIDED BELOW. TAKE THE LETTER WITH YOU WHEN YOU ENROLL IN A TEXAS BARBER SCHOOL.

ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK

1. Name:

Last First Middle Initial Suffix (JR, SR, III)

2. Social Security Number:

(See instruction sheet for disclosure information) _____

3. Date of Birth:

_____-_____-_____
Month Day Year

4. Gender:

☐ Male ☐ Female

5. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (PO Box is allowed for this address.)

Number, Street Name, Apartment Number

City State Zip Code

6. Phone Number:

(_____)_____
Area Code Phone Number

7. Email Address:

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

8. STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Occupational Code, Chapters 51, 1601, and 1603; 16 Texas Administrative Code, Chapter 60; and the Barber Administrative Rules, 16 Texas Administrative Code, Chapter 82. 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