



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 STUDENT PERMIT APPLICATION 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, 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 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.
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. **COSMETOLOGY SCHOOL INFORMATION** - Write the name, school permit number, and address of the cosmetology school you will be attending.
10. **COURSE TYPE** - Write the course type you are enrolling in. Example (COP, CMA, and CFA)
11. **ENROLLMENT DATE** - Write the date you enrolled in the cosmetology school course listed in item 10.
12. **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.
13. **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.
14. **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.



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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 Initial	Suffix (JR, SR, III)
2. Do you have a Social Security Number (SSN): <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Social Security Number:			
(See instruction sheet for disclosure information) _____			
4. Date of Birth:		5. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
_____ - _____ - _____	Month	Day	Year
6. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (PO Box is allowed for this address.)			
Number, Street Name, Apartment Number		7. Phone Number:	
_____	_____	(_____) _____	
City	State	Zip Code	Area Code Phone Number
8. Email Address:			

(Ex: johndoe@aol.com) See instruction sheet for disclosure information			
9. Cosmetology School Information:			
_____		_____	
School Name		School Permit Number	
Number, Street Name, Suite Number		_____	_____
City		State	Zip Code
10. Course Type: _____		11. Enrollment Date: _____	
12. Are you enrolling in a high school cosmetology program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. Have you graduated high school or obtained your G.E.D? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES:			
_____	_____	_____	_____
School Name	City	State	Graduation Date
14. 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	Student Signature		
_____		_____	_____
Date Signed	Instructor Signature		License Number