



APPLICATION FOR:

Texas Cosmetology Student Permit

PURSUANT TO TITLE 9, OCCUPATIONS CODE, CHAPTER 1602

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

FEE	RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
Permit Fee			\$25.00		

Payments must be in the form of a cashiers check or money order.

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

1. Student's Full Name:

Last (Family Name)

First (Given Name)

Middle

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

If yes, provide your SSN here: _____ - _____ - _____

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.

3. Date of Birth: _____

Month Day Year

4. Gender: MALE FEMALE

(circle one)

5. Student Mailing Address and Contact Information:

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

City

State

Zip Code

E-mail Address (johndoe@aol.com for example)

(____) _____

Area Code

Phone Number

6. Cosmetology School Information:

School Name

School Permit Number

Number and Street

City

State

Zip Code

7. Course Type: _____

8. Enrollment Date: _____

9. If you would like to take the exam in a language other than English, indicate which language you prefer: (circle one) VIETNAMESE SPANISH

10. Are you enrolling in a high school cosmetology program? (circle one) YES NO

11. Have you graduated high school or obtained your G.E.D? (circle one) YES NO

If yes:

School Name

City

State

Date

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Occupations Code, Title 9, Chapter 1602 and 1603; Tex. Admin. Code, Chapter 60; and the Cosmetology Administrative Rules, Tex. Admin. Code, Title 22, Chapters 83, 85 and 89. 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