

TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12088 - Austin, Texas 78711-2157 1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871 http://www.license.state.tx.us - cosmetologists@license.state.tx.us

APPLICATION FOR:

Texas Cosmetology Shampoo Apprentice Permit PURSUANT TO TITLE 9, OCCUPATIONS CODE, CHAPTER 1602

	Permit #					
	DO NOT WRITE ABOVE THIS LINE					
	NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.					
A PEMIT RESULTING FROM THIS APPLICATION IS VALID FOR ONE YEAR AND CANNOT BE RENEWED						
1	. Applicant's Full Name:					
	Last (Family Name)	First (Given I	Name)		Middle	
2. Applicant's Social Security No.:						
	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	B. Date of Birth:	Day Year	4. Gender:	MALE (circle o	FEMALE one)	
5. Applicant's Mailing Address and Contact Information: (USED FOR ALL CORRESPONDE Number, Street and Apt. No OR - P.O. Box Number					ESPONDENCE)	
	Number, Street and Apt. No OK - F.O. BOX Number					
	City State Zip Code		rountry Area Code		Phone Number	
	FAX Number: ()					
6	Salon Information					
	Salon Name				Salon Permit Number	
	Number and Street					
	City State	Zip Code Cou	ıntry	() Area Code	Phone Number	
	FAX Number: ()					
	Area Code			E-mail Address (johndoe@aol.com for example)		
Adı und	min. Code, Chapter 60; and th	ne Cosmetology Administrat nformation on this application	he Texas Occupa ive Rules, Tex. A	itions Code, Title 9, Idmin. Code, Title 2	, Chapter 1602 and 1603; Tex. 22, Chapters 83, 85 and 89. I cense I am requesting and the	
	Date Signed Applicant's Signature					