



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:

Cosmetology License by a Previously Licensed Person

PURSUANT TO TITLE 9, OCCUPATIONS CODE, CHAPTER 1602

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

Table with 5 columns: FEE, RECEIPT NUMBER, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: Application Fee, \$53.00

Only use this form if your Texas Cosmetology license is expired.

DO NOT WRITE ABOVE THIS LINE

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

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

1. First Name, Middle Initial, Last Name

Mailing Address: (ALL Department correspondence will be mailed to this address.)

2. Address, City, State, Zip Code

3. Social Security Number\*

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

5. Date of Birth, Gender: M F

6. Daytime Telephone No. Area Code Phone Number

7. Type of Texas license you previously held: (circle ONE only) ->

- Operator (180), Manicurist (181), Facial Specialist (182), Hair Weaving (183), Shampoo Specialist (184), Wig Specialist (185), Braiding (190)

8. Expired Texas License Number and Expiration Date:

Texas License #, Expiration Date

9. If you would like to take the exam in a language other than English, indicate which language you prefer: (circle ONE only) ->

VIETNAMESE SPANISH

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Occupations Code, Chapters 51, 1602, and 1603; and the Texas Administrative Code, Title 16, Chapters 60 and 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

Applicant's Signature

\* 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 Department will add your address to the Cosmetology email notification list, which automatically provides important information from the Department on matters affecting Cosmetology.