

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

REQUEST FOR A CHANGE IN LICENSE STATUS

PURSUANT TO TITLE 9, OCCUPATIONS CODE, CHAPTER 1603

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FEE	RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE			
License Fee								
License #								
DO NOT WRITE ABOVE THIS LINE								
NOTE: All Information Must Be Typed or Printed in Ink.								
1. Indicate the appropriate box:								
I would like to put my license on inactive status. I am aware that my license must be renewed while it is on inactive status.								
I would like to activate my license. (You must complete the required continuing educa- tion before license is issued.) (\$25.00 CASHIERS CHECK OR MONEY ORDER)								
2. Full Name:								
Last (Famil	y Name)	Fi	First (Given Name)			Middle		
3. 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.								
4. License Number: License Expiration Date:								
5. Mailing Address and Contact Information: (USED FOR ALL CORRESPONDENCE)								
Number, Street and Apt. No OR - P.O. Box Number								
					()			
City	State	Zip Cod	e Cour	itry	Area	a Code	Phone Number	
FAX ()							com for overnals) * *	
Area Code Number				E-mall	E-mail Address (johndoe@aol.com for example)**			
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

Signature of Applicant

**The Department will add your address to the Cosmetology e-mail notification list, which automatically provides information from the Department on matters affecting Cosmetology. Your e-mail address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public