



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

STUDENT PERMIT APPLICATION INSTRUCTIONS

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. PAYMENT MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR.

1. **NAME** – Your name must match your government identification or driver license.
2. **DO YOU HAVE A SOCIAL SECURITY NUMBER** – Disclosure is required by the Texas Family Code 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 or call (512) 460-6000 or (800) 252-8014.
3. **DATE OF BIRTH** – MM/DD/YYYY
4. **GENDER** - Select whether you are male or female.
5. **PHONE NUMBER** – Provide a phone number where we can reach you during the day.
6. **EMAIL ADDRESS** – By providing your email address you agree to receive communications and required notices by email and to keep a valid email address on file.
7. **MAILING ADDRESS** – The address where you receive mail. This address can be a post office box. Always keep your mailing address current with the Texas Department of License and Regulation, (TDLR).
8. **SCHOOL INFORMATION** – Provide the name, school license number, and address of the barbering and cosmetology school you will be attending.
9. **COURSE TYPE** – CHECK ONLY ONE
10. **ENROLLMENT DATE** – The date you enrolled in the barbering and cosmetology course listed in item 9.
11. **ACKNOWLEDGMENT OF APPLICANT** – Carefully read the acknowledgment of applicant before you sign and date your application. A school representative must sign and date your application.

SEND YOUR COMPLETED APPLICATION, FEE AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Do not send cash.

For additional information and questions, visit the TDLR website or reach Customer Service via webform. The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

TDLR PUBLIC INFORMATION ACT POLICY:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the TDLR Public Information Act Policy.



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STUDENT PERMIT APPLICATION

\$25 NON-REFUNDABLE FEE

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1. Name: (As listed on your government issued ID or driver license)

_____ Last _____ First _____ Middle _____ Suffix (Jr., Sr., III)

2. Do you have a Social Security Number (SSN): Yes _____

(See instruction sheet for disclosure information)

No. If you do not have a Social Security Number, you must complete and submit the **Occupational License Application Claiming to Have No Social Security Number (PDF)**. Failing to complete and submit this form will delay your eligibility for examination and license issuance.

3. Date of Birth (MM/DD/YYYY)

4. Gender: Male Female

5. Phone Number:

6. Email Address:

(Area Code) Phone Number

(See instruction sheet for disclosure information)

7. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (P.O. BOX is allowed for this address)

_____ Street Number & Name _____ Apt/Bldg/Ste # _____ City _____ State _____ Zip Code

8. School Information:

_____ School Name

_____ School License #

_____ Street Number & Name

_____ Apt/Bldg/Ste #

_____ City

_____ State

_____ Zip Code

9. Course Type: (Check only one)

Class A Barber

Manicurist/Esthetician

Cosmetology Operator

Hair Weaving Specialist

Manicurist

Hair Weaving Specialist/Esthetician

Esthetician

Eyelash Extension Specialist

10. Enrollment Date

11. ACKNOWLEDGEMENT OF APPLICANT

I certify that I will comply with all applicable laws and rules related to my licensed occupation or profession. I further certify that all information I have provided is true and correct. I understand that providing false information may result in denial of this application and/or revocation of the student permit.

_____ Student Signature

_____ Date Signed

_____ Printed Name of School Representative

_____ School Representative Signature

_____ Date Signed