



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

STUDENT PERMIT APPLICATION

\$25 NON-REFUNDABLE FEE

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

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