



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## EXPIRED TEXAS LICENSE REAPPLICATION 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.**

THIS APPLICATION IS FOR A PRACTITIONER WHOSE LICENSE IS EXPIRED FOR 3 YEARS OR MORE

If you were licensed in another state for two (2) years immediately preceding this application, you may qualify to renew your Texas license by completing the [License by Reciprocity Application \(PDF\)](#).

1. EXPIRED LICENSE NUMBER AND LICENSE TYPE – Provide the expired license number and check one license type.
2. NAME – Your name must match your government identification or driver license. If your name has changed since your last license renewal, please submit government documentation such as a government-issued ID and court documents (such as marriage license, divorce decree, certificate of naturalization, etc.).
3. DO YOU HAVE A SOCIAL SECURITY NUMBER – If “NO”, please complete, date, and sign the [No SSN affidavit \(PDF\)](#), with your application. Failing to provide your social security number or a completed affidavit will result in delays.  
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](#).
4. DATE OF BIRTH – MM/DD/YYYY
5. GENDER - Select whether you are male or female.
6. PHONE NUMBER – Provide a phone number where we can reach you during the day.
7. 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.
8. MAILING ADDRESS – Provide 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).
9. CRIMINAL HISTORY – This does not include minor traffic violations. If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#).  
If you would like your criminal history evaluated before submitting this application and non-refundable fees, do not continue with this application. You can request a Criminal History Evaluation by submitting a [Criminal History Evaluation Letter \(PDF\)](#), a completed [Criminal History Questionnaire \(PDF\)](#) for each crime you were convicted of, or placed on deferred adjudication for, and pay a \$10.00 fee.
10. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, canceled, revoked, or denied in any state. If Yes, complete and attach a [Disciplinary Action Questionnaire \(PDF\)](#) for each disciplinary action.
11. ACKNOWLEDGMENT OF APPLICANT – Carefully read the acknowledgment of applicant before you sign and date your application.

## INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES

If you want to use a licensing option available to military service members, military veterans and military spouses, please complete the [Military Service Member, Military Veteran or Military Spouse Supplemental Application \(PDF\)](#). If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the [TDLR Military Information webpage](#).

**SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

TDLR  
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](#).



**TEXAS DEPARTMENT OF  
LICENSING & REGULATION**

P.O. Box 12157 • Austin, Texas 78711-2157  
[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

**EXPIRED TEXAS LICENSE APPLICATION**

**YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR A NEW APPLICATION AND FEE WILL NEED TO BE SUBMITTED.**

**APPLICATION FEE: \$50 (NON-REFUNDABLE FEE)**

**MAKE CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR. CASH NOT ACCEPTED.**

**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.**

**EXPIRED TEXAS LICENSE INFORMATION**

|  |   |                        |                          |
|--|---|------------------------|--------------------------|
| 1. Expired License Number:   |   | Class A Barber         | Cosmetology Operator     |
| License Type (select <u>one</u> )  | Manicurist  | Esthetician            | Hair Weaving             |
|  | Eyelash Extension   | Esthetician/Manicurist | Hair Weaving/Esthetician |
| 2. Name: (Must match your government issued ID or driver license)  |   |                        |                          |
| Last   |   | First                  | Middle                   |
| Suffix (Jr., Sr., III)   |   |                        |                          |
| 3. Do you have a Social Security Number? Yes   |   |                        |                          |
| (See instruction sheet for disclosure information)   |   |                        |                          |
| No. If you do not have a Social Security Number, you must complete and submit the <a href="#">Occupational License Application Claiming to Have No Social Security Number (PDF)</a> . Failing to complete and submit this form will delay your eligibility for examination and license issuance. |   |                        |                          |
| 4. Date of Birth<br>(MM/DD/YYYY)   | 5. Gender: Male Female  |                        |                          |
| 6. Phone Number:<br>(Area Code) Phone Number   | 7. Email Address:<br>(See instruction sheet for disclosure information) |                        |                          |
| 8. 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           |

**CRIMINAL HISTORY AND DISCIPLINARY ACTION QUESTIONS**  
See the Instruction Sheet for more information

|  |        |
|--|--------|
| 9. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?<br>If <b>YES</b> , complete and attach a <a href="#">Criminal History Questionnaire (PDF)</a> for each offense.                 | Yes No |
| 10. Have you ever had an occupational license, certification or registration suspended, revoked or denied in any state?<br>If <b>YES</b> , attach a <a href="#">Disciplinary Action Questionnaire (PDF)</a> to this application. (This does not include your driver license) | Yes No |

**11. ACKNOWLEDGMENT OF APPLICANT**

I certify that I will comply with all applicable provisions of the Texas Occupational Code, Chapters 51 and 1603; 16 Texas Administrative Code, Chapter 60 and the Administrative Rules, 16 Texas Administrative Code, Chapter 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.

Applicant Signature

Date Signed