



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

LETTER OF CERTIFICATION AND TRANSCRIPT OF HOURS REQUEST FORM 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.

1. **NAME** – Provide your name as it appears on your license or student permit. To change your name before mailing this request, you must complete and mail a [Notice of Change and Duplicate License Request \(PDF\)](#) with the required documentation.
2. **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](#).
3. **PRACTITIONER LICENSE NUMBER** – Provide your Texas license number. This will help us locate your record.
NOTE: Certification letters cannot be generated for an Establishment.
4. **MAIL TO OUT OF STATE BOARD, SCHOOL OR OTHER BUSINESS** – Provide the mailing information for the out of state board, school or other business, to mail a letter of certification and/or a transcript of hours earned at a Barbering and Cosmetology school.
Letters and transcripts are mailed or emailed to verified email or mailing addresses for out of state barbering and cosmetology boards. TDLR has agreements to only email documents to certain states.
5. **MAIL TO MY PERSONAL MAILING ADDRESS** – Provide your mailing address to mail a letter of certification and/or a transcript of hours earned at a Barbering and Cosmetology school. TDLR does not email letters or transcripts to personal email addresses.
6. **PHONE NUMBER** – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. **EMAIL ADDRESS** – Provide your 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. **APPLICANT SIGNATURE** – Sign and date your request form.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

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

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. **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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LETTER OF CERTIFICATION AND TRANSCRIPT OF HOURS REQUEST

LETTER OF CERTIFICATION FEE: \$15.00 • TRANSCRIPT OF HOURS FEE: \$5.00

(FEES ARE NON-REFUNDABLE)

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

1. Name: (as shown on your license)

Last

First

Middle

Suffix (Jr., Sr., III)

2. Social Security Number:

See instruction sheet for disclosure information

3. Texas Practitioner License #:

Certification Letters Cannot Be Generated for an Establishment

4. MAIL TO OUT OF STATE BOARD, SCHOOL OR OTHER BUSINESS ADDRESS

TDLR only uses approved mailing addresses and email addresses for Out of State Barbering and Cosmetology Boards

Letter of Certification (\$15.00)

Transcript of Hours (\$5.00)

Name of Out of State Board, School, or Business

Address of Out of State School or Other Business Address

5. MAIL TO MY PERSONAL MAILING ADDRESS LISTED BELOW

TDLR does not email documents to personal email addresses

Letter of Certification (\$15.00)

Transcript of Hours (\$5.00)

Personal Mailing Address: (P.O. BOX is allowed for this address)

Street Number, Name, Apt/Bldg/Ste #

City

State

Zip Code + 4

6. Personal Phone Number:

(Area Code) Phone Number

7. Personal Email Address:

(ex:johndoe@gmail.com) See instruction sheet for disclosure information

8. APPLICANT SIGNATURE

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 Barbering and Cosmetology 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