



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

## NO SOCIAL SECURITY NUMBER 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 AS PAYABLE TO TDLR. DO NOT SEND CASH.**

1. **NAME** - Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix). Your name must match your government identification or driver license.
2. **SOCIAL SECURITY NUMBER AFFIDAVIT** - Students with a Social Security Number must be enrolled using [SHEARS](#). Students who do not have a Social Security Number 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** - Provide your birthdate.
4. **GENDER** - Select whether you are male or female.
5. **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.
6. **EMAIL ADDRESS** - By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
7. **MAILING ADDRESS** - Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
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** - Provide the date you enrolled in a 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

For additional information and questions, visit the [Texas Department of Licensing & Regulation](#) website or reach the [Education and Examination Division](#) via webform where you can submit your request for assistance; include attachments as 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 available to the public. For more information, view the TDLR [Public Information Act Policy](#).



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**\$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.** I have completed and attached 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:**

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

Number, Street Name, Suite Number/Apartment Number

City

State

Zip Code + 4

**8. School Information:**

School Name

School License #

Number, Street Name, Suite Number/Apartment Number

City

State

Zip Code + 4

**9. Course Type:** (Check only one)

Class A Barber

Cosmetology Operator

Manicurist

Esthetician

Manicurist / Esthetician

Hair Weaving Specialist

Hair Weaving Specialist / Esthetician

Eyelash Extension Specialist

**10. Enrollment Date:**

MM/DD/YYYY

## 11. ACKNOWLEDGMENT 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



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## OCCUPATIONAL LICENSE APPLICATION CLAIMING TO HAVE NO SOCIAL SECURITY NUMBER

### APPLICANT CONTACT INFORMATION

Name:

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

Mailing Address:

Number, Street Name, Suite Number/Apartment Number, City, State, Zip Code

Primary Phone Number:

(Area Code) Phone Number

Alternate Phone Number: (optional)

(Area Code) Phone Number

### IDENTITY CONTACT INFORMATION

Date of Birth:

MM/DD/YYYY

Place of Birth:

City, State, Zip Code

Country

Email Address: (Optional)

ex: johndoe@gmail.com

Driver's License Number:

Number

State

### CERTIFICATION

I certify that I have never been issued or assigned a social security number by the Social Security Administration or any other agency of the federal government of the United States of America. I also authorize full disclosure of any state or federal governmental record concerning the issuance to or use of a social security number by me to any authorized agent of the department, whether the records are of a public, private, or confidential nature. This information will be used to determine my eligibility to receive a license from the department based on the requirement that each individual applicant for an occupational license provide a social security number if one has been issued or assigned to the applicant.

My name is:

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

My date of birth is:

MM/DD/YYYY

My address is:

Number, Street Name, Suite Number/Apartment Number, City, State, Zip Code

I am applying for the following license:

Type of license applied for

I declare under penalty of perjury that the above is true and correct.

Executed in:

County

State

Signature

Date