



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

ESTHETICIAN/MANICURIST SPECIALTY LICENSE APPLICATION INSTRUCTIONS

USE THIS APPLICATION TO COMBINE A SEPARATE ESTHETICIAN AND MANICURIST LICENSE INTO A SINGLE ESTHETICIAN/MANICURIST LICENSE. ONCE COMBINED, THE LICENSES CANNOT BE SEPARATED.

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](#).
3. **DATE OF BIRTH** – MM/DD/YYYY
4. **GENDER** - Select whether you are male or female.
4. **PHONE NUMBER** – Provide a phone number where we can reach you during the day.
5. **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.
6. **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).
7. **SPECIALTY LICENSE NUMBERS** – Provide the license number or student permit number for your esthetician and manicurist license. If either license is expired more than three (3) years, you must use the [License Application by Examination](#) to take the written and practical exam for the expired license.
8. **CRIMINAL HISTORY** – This does not include minor traffic violations. If **YES**, complete and attach a [Criminal History Questionnaire \(PDF\)](#). If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting this application and non-refundable fees. To request a criminal history evaluation, do not continue with this application. Download, complete and submit 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.
9. **DISCIPLINARY ACTION HISTORY** – Indicate if you have ever had a professional license, certification, registration or permit suspended, revoked or denied in any state. This does not include your driver license. If YES, complete and attach a [Disciplinary Action Questionnaire \(PDF\)](#).
10. **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](#).

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

Keep a copy of your completed application, all attachments, and your cashier's check or money order. **Do not send cash.**

For additional information and questions, please visit the [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#) or fax (512) 475-2871. You may contact Customer Service Representatives by calling (800) 803-9202 (in-state only) or (512) 463-6599; Relay Texas - TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

TDLR Public Information Act Policy: This document is subject to the Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information visit our [TDLR Public Information Act Policy](#) site.



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Once your esthetician and manicurist licenses have been combined, they cannot be separated. Some out of state boards do not accept a combination esthetician/manicurist license.

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

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

PERSONAL CHECKS AND CASH ARE NOT ACCEPTED

1. Name: (Your name must match your government issued ID or driver license)

Last Name

First Name

Middle

Suffix

2. Do you have a Social Security Number? Yes

(See instruction sheet for disclosure information)

No. You must complete and submit the [Occupational License Application Claiming to Have No Social Security Number](#). Failure to complete this form will delay your exam eligibility and license issuance.

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

4. Gender:

Male

Female

5. Phone Number:

(Area Code) Phone Number

6. Email Address:

(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 + 4

8.

SPECIALTY LICENSE NUMBERS

If either license is expired more than three (3) years, you must use the [License by Examination Application \(PDF\)](#).

Manicurist License #

Esthetician License #

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?

Yes

No

If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.

10. Have you ever had a professional license, certification or registration suspended, revoked, or denied in any state? (This does not include your driver license.)

Yes

No

If YES, attach a [Disciplinary Action Questionnaire \(PDF\)](#) to this application.

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 license.

Applicant Signature

Date Signed