



## TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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

### BARBERING AND COSMETOLOGY NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

You must apply for a new establishment license if:

- your establishment changes location; or
- there is a change in owners

**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. REQUESTING A DUPLICATE LICENSE FOR – Select only one option. **\*\*RECOMMENDED FOR NAME CHANGES\*\***
2. REQUESTING A CHANGE FOR - Select only one option.
3. PRACTITIONER LICENSE TYPE – Provide the type of license the change is for.
4. NAME – Provide your name as it currently appears on your practitioner license.
5. LICENSE NUMBER – Provide your practitioner license number, as it appears on your practitioner license.
6. 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](#).
7. DATE OF BIRTH – MM/DD/YYYY
8. CHANGE MY NAME – Your new legal name as it appears on your government documents. Document(s) required include: a copy of a government issued ID or legal document approving or showing your name change, such as a marriage license, court petition for name change, or certificate of naturalization.
9. ESTABLISHMENT NAME – Provide the current name of the establishment as it appears on your establishment license.
10. ESTABLISHMENT LICENSE NUMBER – Provide the complete license number as it appears on the establishment license.
11. CHANGE MY ESTABLISHMENT NAME – Provide your new establishment name in the space provided. You must apply for a new shop license if there was a change in owners or the physical address of the establishment changes.
12. CURRENT MINI-ESTABLISHMENT ROOM NUMBER (MINI-SHOP ONLY) – Provide your current mini-establishment room.
13. NEW MINI-ESTABLISHMENT ROOM NUMBER (MINI-SHOP ONLY) – Provide your new mini-establishment room number (within the same gallery establishment). You must apply for a new mini-establishment license if there was a change in mini-establishment owners or if the mini-establishment physically moves to a new gallery establishment location.
14. CHANGE MY MAILING ADDRESS – Provide the address where you receive mail for the practitioner or establishment. Always keep your mailing address current with the Texas Department of License and Regulation, (TDLR).
15. CHANGE MY PHONE NUMBER – Provide the new phone number for the practitioner or establishment, where we can reach you during the day.
16. CHANGE MY 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.
17. ACKNOWLEDGMENT OF APPLICANT – Carefully read the acknowledgment of applicant before you sign and date your application.

**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)

## BARBERING AND COSMETOLOGY NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST

You must apply for a new establishment license if:

- Your shop moves to a new physical location or your mini-shop moves to a new shop gallery of suites.
- There is a change in owners or ownership type

**DUPLICATE LICENSE FEE: \$25 NON-REFUNDABLE FEE**

**A SEPARATE FEE AND FORM ARE REQUIRED FOR EACH LICENSE**

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

1. I am requesting a duplicate license for my (if applicable): Practitioner license (\$25 Fee) Establishment License (\$25 Fee)

2. I am requesting a change for my: Practitioner license Establishment License

### PRACTITIONER NAME CHANGES

3. Practitioner License Type:

4. Name: (as shown on your current license)

Last

First

Middle

Suffix (Jr., Sr., III)

5. License Number

6. Social Security Number (See instruction sheet for disclosure)

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

8. Change my name: (Legal Documentation Required)

Last

First

Middle

Suffix (Jr., Sr., III)

### ESTABLISHMENT CHANGES

9. Establishment Name:

10. Establishment License #:

11. Change My Establishment Name (40 character limit including spaces):

12. Current Mini-Establishment Suite/Room #:

13. New Mini-Establishment Suite/Room # (if applicable):

### CONTACT INFORMATION CHANGES

14. Change the Mailing Address for my: Practitioner License Establishment License

Street Number & Name (PO Box is allowed for this address)

City

State

Zip Code

15. Change My Phone Number:

Including Area Code

16. Change My Email Address:

See instruction sheet for disclosure

### 17. 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 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