



## TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://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. **REQUEST** - Check the box to indicate if you are requesting a letter of certification or a transcript of hours earned at cosmetology school.
2. **MAIL TO** - Check the box to indicate where you want the letter of certification or transcript of hours mailed.
3. **NAME** - Write your name as it appears on your cosmetology license or student permit.
4. **SOCIAL SECURITY NUMBER** - Social security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency author-ized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:  
[www.texasattorneygeneral.gov/cs](http://www.texasattorneygeneral.gov/cs) or call (512) 460-6000 or (800) 252-8014
5. **LICENSE NUMBER(S) OR TDLR NUMBER** - Write your cosmetology license number or TDLR number. This will help us locate your record.
6. **OUT-OF-STATE COSMETOLOGY BOARD MAILING ADDRESS** - Write the complete address for the out-of-state cosmetology board or other business where you want your letter of certification or transcript of hours mailed
7. **MAILING ADDRESS** - Write your current mailing address where you want your letter of certification or transcript of hours mailed.
8. **PHONE NUMBER** - Write 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.
9. **EMAIL ADDRESS** - Write your email address only if you agree to the following statement:  
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.
10. **APPLICANT SIGNATURE** - Date and sign 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, please visit the Texas Department of Licensing & Regulation website at [tdlr.texas.gov](http://tdlr.texas.gov) or reach Customer Service via web form. The web form will allow you to submit your request for assistance and include attachments needed at <https://tdlr.texas.gov/help>. You may also reach us at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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## LETTER OF CERTIFICATION AND TRANSCRIPT OF HOURS REQUEST

**DO NOT WRITE ABOVE THIS LINE**

**LETTER OF CERTIFICATION FEE - \$15 ● TRANSCRIPT OF HOURS FEE - \$5  
(FEES ARE NON-REFUNDABLE)**

**PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR  
ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK**

1. Request:

- Letter of Certification (\$15)
- Transcript of Hours (\$5)

2. Mail to:

- the out-of-state cosmetology board, cosmetology school, or other business written below in item 6
- my personal mailing address written below in item 7

3. Name:

\_\_\_\_\_  
Last, First, Middle Initial, Suffix (JR, SR, III)

4. Social Security Number: \_\_\_\_\_

(See instruction sheet for disclosure information)

5. License Number(s): \_\_\_\_\_

**OR** TDLR Number: \_\_\_\_\_

6. Out-of-State Cosmetology Board Mailing Address: (PO Box is allowed for this address)

\_\_\_\_\_  
Out-of-state Cosmetology Board or Out-of-state Cosmetology School

\_\_\_\_\_  
Number, Street Name, Suite Number, City, State, Zip Code

7. Personal Mailing Address: (PO Box is allowed for this address)

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

8. Phone Number:

\_\_\_\_\_  
(Area Code) Phone Number

9. Email Address:

\_\_\_\_\_  
(Ex: johndoe@gmail.com) See instruction sheet for disclosure information

### 10. APPLICANT SIGNATURE

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.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant Signature