



## TEXAS DEPARTMENT OF LICENSING & REGULATION

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

(512) 539-5600 • FAX (512) 539-5698

*enforcement@tdlr.texas.gov • www.tdlr.texas.gov*

### DISCIPLINARY ACTION QUESTIONNAIRE INSTRUCTIONS

If you have had an occupational license revoked, suspended, probated or denied in any state, county or municipality, the Department must review your disciplinary action history to determine if you are eligible to obtain a license. If you have had more than one disciplinary action, you must complete a separate form for each one. Provide exact details when completing this form. **Provide information pertaining to occupational licenses only, not driver licenses.**

Questions regarding this form may be addressed to the Texas Department of Licensing and Regulation (TDLR) Enforcement Division at (512) 539-5600. Please mail this form, along with the appropriate application and fee, to the address above. If you need to email it, please send it to [CHQ@tdlr.texas.gov](mailto:CHQ@tdlr.texas.gov) and provide the type of license you are applying for with TDLR.

1. **TYPE OF REQUEST** – Write the type of license you are applying for or renewing. (ex: Barber, Cosmetology, Electrician, Towing, Air Conditioning Technician, etc.)
2. **NAME** – Write your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
3. **SOCIAL SECURITY NUMBER** – Social Security Number disclosure is required by Section 231.302(c)(1) of 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, visit the [Texas Attorney General](#) website or call (512) 460-6000 or (800) 252-8014.
4. **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.
5. **EMAIL ADDRESS** – By providing my email address I authorize 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.
6. **MAILING ADDRESS** – Write 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.
7. **LICENSE REVOKED, SUSPENDED OR PROBATED** – Complete this section if you have had one, or more, occupational licenses revoked, suspended or probated. Provide the requested information as to each revocation, suspension or probation. Attach additional pages if necessary.
8. **LICENSE DENIED** – If you applied for an occupational license and it was denied, complete this section. If you have had more than one license denial, provide the requested information separately as to each denial. Attach additional pages if necessary.
9. **STATEMENT OF APPLICANT** – Carefully read the statement before dating and signing your application.

**FAILURE TO FILL OUT THIS FORM ACCURATELY AND COMPLETELY WILL DELAY  
THE CONSIDERATION OF YOUR APPLICATION**



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1. Type of License you are applying for:

(ex: Barber, Cosmetologist, Electrician, Towing, etc.)

2. Name:

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

3. Social Security Number:

4. Phone Number:

5. Email Address:

See Instruction Sheet for Disclosure Information

(Area Code) Phone Number

ex: [john.doe@aol.com](mailto:john.doe@aol.com) See Instruction Sheet for Disclosure Information

6. Mailing Address:

P.O. Box, Number, Street Name/Apartment Number

City

State

Zip Code

## 7. LICENSE REVOKED, SUSPENDED, OR PROBATED

If you have had one, or more, occupational licenses revoked, suspended, or probated, complete this section. Provide the requested information as to each revocation, suspension, or probation. Attached additional pages if necessary.

**IMPORTANT:** Do not include information about your driver licenses.

Type of Occupational License:

Full Name on the License:

License Number:

Date License was Issued:

Name and Address of the Agency that Issued the License

Name:

Address:

Name and Address of the Agency that Imposed Sanctions, (if different from the issuing agency)

Name:

Address:

**LICENSE REVOKED, SUSPENDED, OR PROBATED (CONTINUED)**

What sanction was imposed:  <small>(Example: revocation, suspension, probation, etc.)</small>	Date the Sanction was Imposed:  
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Specific reason(s) for the revocation, suspension, or probation of the occupational license:

If suspended or probated, specify the length of time of the suspension or probation: \_\_\_\_\_  
(example: 6 months)

What were the terms and conditions of the occupational license probation?

Did you successfully complete the license probation? (please select the box the applies)  Yes  No  
If No, briefly state why:

**8. LICENSE STATUS OF DENIED**

Complete this section if you applied for an occupational license and it was denied. If you have had more than one license denial, provide the requested information as to each denial. Attach additional pages if necessary.

Type of Occupational License:  	Full Name on the License:  
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Date you applied for the license:  	Date the license was denied:  
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Name and address of the agency that issued the license  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

Specific reason(s) for the denial:

**9. STATEMENT OF APPLICANT**

By signing below, I affirm I am the applicant completing this form and understand that if I fail to provide full and accurate information, the issuance of my license could be delayed or denied.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date