



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

REQUEST TO EXECUTIVE DIRECTOR FOR EXPIRED LICENSE RENEWAL INSTRUCTIONS

YOUR LICENSE MUST BE EXPIRED FOR AT LEAST 18 MONTHS BUT LESS THAN THREE YEARS TO MAKE THIS REQUEST. YOU MAY SUBMIT THIS FORM OR A WRITTEN REQUEST WITH YOUR LATE RENEWAL FEE AND ALL ADDITIONAL RENEWAL REQUIREMENTS. YOU SHOULD REFER TO THE WEBSITE FOR PROGRAM RULES AND/OR EXACT FEE AMOUNTS.

LICENSES EXPIRED LESS THAN 18 MONTHS SHOULD FOLLOW THE RENEWAL PROCESS. LICENSES EXPIRED MORE THAN THREE YEARS CANNOT BE RENEWED AND YOU MUST APPLY FOR A NEW LICENSE.

1. LICENSEE NAME – Provide your full 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.) or write the COMPANY NAME. This should be exactly as it appears on your expired license. If a name change has occurred, supporting documentation is required. (ex: Social Security Card, Driver License, Marriage License reflecting the name change)
2. SOCIAL SECURITY NUMBER or FEDERAL TAX ID NUMBER – Social Security Number disclosure is required by Section 231.302c(1) of the Texas Family Code in order 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](#) or call (512) 460-6000 or (800) 252-8014.
3. LICENSE TYPE – (Example: Journeyman Electrician, Air Conditioning Contractor, Manicurist, Tow Operator, etc.)
4. EXPIRED LICENSE NUMBER – The license number issued to you by TDLR when you originally submitted your application.
5. LICENSE EXPIRATION DATE – The date the license was no longer valid.
6. 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 code plus-4 to help the postal service deliver mail more efficiently and accurately.
7. EMAIL ADDRESS – Provide 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.
8. 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.
9. CRIMINAL HISTORY – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.
10. REASON YOU DID NOT RENEW YOUR LICENSE BEFORE EXPIRATION – Choose the reason why you did not renew your license before it expired. You may use the back of the page or an additional page if necessary.
11. STATEMENT OF APPLICANT – Carefully read the statement of applicant before dating and signing your application.
NOTE: All renewal requirements must be met prior to the issuance of the renewal of your license. This includes continuing education, renewal courses, reports, and any additional renewal requirements needed. Attach any supporting documentation that is needed to your renewal request. Refer to the website for specific renewal requirements.

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 [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#) or fax (512) 463-9468. 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 from 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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PURSUANT TO OCCUPATIONS CODE, CHAPTER 51

ALL FEES ARE NON-REFUNDABLE AND THE FEE MUST ACCOMPANY THIS APPLICATION

If you are applying for a **Cosmetology** license, your payment must be in the form of a cashier's check or money order.

NOTE: This license must be expired for at least 18 months but less than three years. The late renewal fee is twice the amount of the renewal fee. Refer to the website for program rules and renewal fee amounts.

1. Licensee Full Name:

or

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

Company Name: _____

2. Social Security Number or Federal Tax ID Number: _____

(See instruction sheet for disclosure information)

3. License Type: _____

4. Expired License Number: _____

5. License Expiration Date: _____

6. Mailing Address: (P.O. BOX is allowed for this address)

P.O. Box, Number, Street Name, Suite Number/Apartment Number, City, State, Zip Code

7. Email Address: _____

(ex:johndoe@gmail.com) See instruction sheet for disclosure information

8. Phone Number: _____

(Area Code) Phone Number

9. Since the most recent license was issued, have you or the controlling person been convicted of, or placed on deferred adjudication for any felony or misdemeanor other than a minor traffic violation? Yes No
(If YES, complete and attach a **Criminal History Questionnaire (PDF)** for each offense)

See instruction sheet for more information

10. Choose the reason why you did not renew your license before it expired.

(Use additional sheet or back if necessary)

Death or serious illness in the family Out of country Job loss Birth or adoption of a child

Other: _____

11. STATEMENT 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.

Date Signed

Signature of Applicant