

TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12884 - Austin, Texas 78711-2157 1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871 http://www.license.state.tx.us - barbers@license.state.tx.us

APPLICATION FOR:

Texas Barber Student Permit

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

PURSUANT TO TITLE 9, OCCUPATIONS CODE, CHAPTER 1601

| | FEE | RECEIPT NUMBER | EVENT | FEE AMOUNT | PMT. AMOUNT | MONEY TYPE | | |
|---|--|--|----------|---------------|------------------------|----------------|--------------------------|--|
| | Permit Fee | RECEEF I HOPIDER | CODE | \$35.00 | AHOUNT | | | |
| | Permit # | | | | | | | |
| DO NOT WRITE ABOVE THIS LINE | | | | | | | | |
| NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK. | | | | | | | | |
| 1. | 1. Student's Full Name: | | | | | | | |
| | • | | | | | | | |
| | Last (Family Name) First (Give | | | |) | | Middle | |
| 2. | Student's Social Security No.: | | | | | | | |
| | Note: If you have a Social Security Number, Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filling an application. The SSN that is provided is confidential and is required to enforce Child Support orders. | | | | | | | |
| 3. | Do you have a Social Security Number? (circle one) YES NO | | | | | | | |
| 4. | Date of Birth: Day 5. Gender: MALE (circle one) FEMALE | | | | | | | |
| 6. Student Mailing Address and Contact Information: | | | | | | | | |
| | | | | | | | | |
| | Number, Street and Apt. No OR - P.O. Box Number | | | | | | | |
| | | | | | | | | |
| | City State Zip Code | | | e Coun | County Area Code Phone | | | |
| | FAX Numb | FAX Number: () Area Code Phone Number E-mail Address (johndoe@aol.com for example) | | | | | | |
| 7 | Barber School Information | | | | | | | |
| /. | Dai Dei S | chool Information | | | | | | |
| • | School Name School Permit N | | | | | | School Permit Number | |
| | | | | | | | | |
| | Number and Street | | | | | | | |
| | | | | | | (|) | |
| | City | State | Zip Code | Country | | Area Co | pde Phone Number | |
| | FAX Numb | per: () | | | - | | | |
| | | Area Code Phone I | lumber | | E-mail | Address (johno | doe@aol.com for example) | |
| 8. | Course T | urse Type: 9. Enrollment Date: | | | | | | |
| 10. | Have yo | u completed the 7th | grade? | (circle one) | | YES | NO | |
| STATEMENT OF APPLICANT I certify that I will comply with all applicable provisions of the Texas Occupations Code, Title 9, Chapter 1601 and 1603; Tex. Admin. Code, Chapter 60; and the Barber Administrative Rules, Tex. Admin. Code, Title 22, Chapter 51. I understand that providing false information on this | | | | | | | | |
| application may result in revocation of the permit I am requesting and the imposition of administrative penalties. | | | | | | | | |
| · | Date Signe | ed | | Student Sign | Student Signature | | | |
| Data Cianada | | | | | | | | |
| | Date Signed | | | Instructor Si | License Number | | | |