



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

SENIOR LASER HAIR REMOVAL TECHNICIAN CERTIFICATE RENEWAL APPLICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. 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.)
2. LASER HAIR REMOVAL (LHR) CERTIFICATE NUMBER: Write your current Laser Hair Removal Certificate number.
3. DATE OF BIRTH – Write your birthdate.
4. SOCIAL SECURITY NUMBER – Write your 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, contact the Texas Attorney General at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.
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. 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.
7. 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.
8. 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 for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf.
9. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, canceled, revoked, or denied in any state. If Yes, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf.
10. PROOF OF CONTINUING EDUCATION – Submit proof of completion for the 8 hours of continuing education as required by 16 Texas Administrative Code, Chapter §118.35.
11. STATEMENT OF APPLICANT – Carefully read the statement before dating and signing your application.

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 <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (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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SENIOR LASER HAIR REMOVAL TECHNICIAN CERTIFICATE RENEWAL APPLICATION

DO NOT WRITE ABOVE THIS LINE

APPLICATION FEE: \$100.00 (FEE IS NON-REFUNDABLE)

This application must be completed and accompanied with the required fee. You must submit proof of completion for the 8 hours of continuing education as required in 16 TAC, Chapter 118.

1. Name:			
Last Name	First Name	Middle Name	Suffix
2. LHR Certificate Number:	3. Date of Birth	4. Social Security Number:	
	Month Day Year	See Instruction Sheet for Disclosure Information	
5. Email Address:		6. Phone Number:	
Ex: johndoe@aol.com See Instruction Sheet for Disclosure Information		Area Code	Number
7. Mailing Address:			
(P.O. Box, Number, Street Name/Apartment Number)			
City		State	Zip Code
8. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense. <u>See instructions sheet for more information</u>			
9. Have you ever had a professional license, certification or registration suspended, canceled, revoked or denied in any state since your last renewal?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application. <u>This does not include your driver's license</u>			
10. You must submit the proof of completion for the 8 hours of continuing education as required by 16 Texas Administrative Code, Chapter §118.			
11. STATEMENT OF APPLICANT			
I certify that I have read and will comply with all applicable laws and rules of the Laser Hair Removal Program including Health and Safety Code, Chapter 401, §§401.501-401.522; Occupations Code, Chapter 51; and administrative rules under 16 Texas Administrative Code, Chapters 60 and 118. I understand that providing false information on this application may result in denial of this application and/or revocation of the certification I am requesting and the possible imposition of administrative penalties.			
Signature			Date