



TEXAS DEPARTMENT OF LICENSING AND REGULATION

**P.O. Box 12157
Austin, Texas 78711
www.license.state.tx.us**

**Cosmetology and Barber Programs
Compliance Division**

cs.cosmetologists@license.state.tx.us

cs.barbers@license.state.tx.us

AUTOCLAVE VERIFICATION

When you have obtained an autoclave that is registered and listed with the federal Food and Drug Administration, please complete the below form and mail or fax it to the appropriate Texas Department of Licensing and Regulation Regional Field Office.

**Fort Worth Office Fax # (817) 321-8365
1501 Circle Dr., Ste 215
Fort Worth, TX 76119**

**Houston Office Fax # (713) 921-3106
5425 Polk Ave., Ste. G40
Houston, TX 77023**

This is to verify that I have obtained an autoclave that is registered and listed with the federal Food and Drug Administration as required for barber and cosmetology establishments that provide manicure and/or pedicure services:

Salon/Shop/School Name _____

Address _____ City _____ Zip _____

Salon/Shop/School License or Permit No. _____

Date of Inspection _____ Inspector Name _____

Salon/Shop/School Owner's Signature _____