



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

SENIOR LASER HAIR REMOVAL TECHNICIAN CERTIFICATE APPLICATION INSTRUCTIONS

Applicant must have supervised 100 laser hair removal procedures within 12 months audited by a Certified LHR Professional while holding an active LHR Technician Certificate. **You cannot supervise yourself.**

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION AND ALL ATTACHMENTS

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 TECHNICIAN CERTIFICATE NUMBER** – Write your current LHR Technician Certificate number.
3. **GENDER** – Select whether you are male or female.
4. **DATE OF BIRTH** – Write your birthdate.
5. **DO YOU HAVE A SOCIAL SECURITY NUMBER** – Check YES or NO to indicate if you have been issued or assigned a Social Security Number by the Social Security Administration.
6. **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.texasattorneygeneral.gov/cs or call (512) 460-6000 or (800) 252-8014
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** – 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.
9. **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.
10. **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.
If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of or placed on deferred adjudication for and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm.
11. **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/DisciplinaryActionQuestionnaire.pdf.
12. **STATEMENT OF APPLICANT** – Carefully read the statement before dating and signing your application.

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS, AND MILITARY SPOUSES

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans, and military spouses, please complete the **Military Service Member, Military Veteran, or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at: <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans, or military spouses, please go to the TDLR Military Information web page at: <http://www.tdlr.texas.gov/military.htm>.

SEND YOUR COMPLETED REQUEST AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your request will not be returned. Keep a copy of your completed request, 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 APPLICATION

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

This application must be completed, and accompanied with the required fee and completed log sheet(s) to show proof of 100 directly supervised procedures audited by a Certified LHR Professional as required by 16 TAC, Chapter 118. You cannot supervise yourself.

1. Name:

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

2. LHR Technician Certificate #:

3. Gender:

Male

Female

4. Date of Birth

Month/Day/Year

5. Do you have a Social Security

Number: Yes No

(If Yes, complete item 6)

6. Social Security Number:

7. Email Address:

8. Phone Number:

See Instruction Sheet for Disclosure Information

Ex: johndoe@aol.com See Instruction Sheet for Disclosure Information

(Area Code) Phone Number

9. Mailing Address:

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

10. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

Yes No

If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.

See instructions sheet for more information

11. Have you ever had a professional license, certification or registration suspended, canceled, revoked, or denied in any state?

Yes No

If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application.

This does not include your driver's license

You must complete all the requirements for technician certificate before submitting this form.

12. 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



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Documenting Directly Supervised Laser Hair Removal Procedures

All directly supervised procedures must be audited by a Certified LHR Professional as required by 16 TAC, Chapter 118.

You cannot supervise yourself. Do Not leave blank spaces.

	Date of Procedure	Client ID# or Initials*	Type of Procedure	Name of LHR Technician you are supervising	Name of Certified LHR Professional performing audit	Certified LHR Professional's Certificate Number	Certified LHR Professional's Initials**
1.							
2.							
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21.							
22.							
23.							
24.							
25.							

Total number of procedures: _____

*Please do not submit client's name per Health Insurance Portability and Accountability Act (HIPAA)

**I certify that as a Certified LHR Professional I have audited this individual's supervision.

Name of LHR

Technician: _____

LHR Technician

Certificate Number: _____