



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

FACILITY LASER SAFETY OFFICER CHANGE INSTRUCTIONS

1. CURRENT NAME OF THE LHR FACILITY – Write the facility name as it currently appears on the Laser Hair Removal (LHR) facility certificate.
2. LHR FACILITY CERTIFICATE NUMBER – Write the LHR facility certificate number.
3. LSO NAME – Write the name of the designated Laser Safety Officer.
4. LHR CERTIFICATE NUMBER OR PHYSICIAN LICENSE NUMBER – Write the LHR Certificate number or Physician License number if applicable.
5. LSO PHONE NUMBER – Write the telephone number, including the area code, of the business listed.
6. LSO FAX NUMBER – Write the fax number, including the area code, of the business listed.
7. LSO 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.
8. LSO 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.
9. DOCUMENTATION OF DEVICE EXPERIENCE – Give the name of the facility, the type and class of Laser/IPL equipment you have operated and the knowledge of laser radiation hazards and emergency situations.
10. STATEMENT OF LSO DESIGNEE – 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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DO NOT WRITE ABOVE THIS LINE

This form must be completed and accompanied by required documents

1. Name of the LHR facility:

2. LHR Facility Certificate Number:

Please Print

3. New Laser Safety Officer's Name:

4. LHR Certificate Number or Physician License Number: (if applicable)

5. Phone Number:

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6. Fax Number:

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Area Code

Number

Area Code

Number

7. Email Address:

Ex: john.doe@aol.com See Instructions sheet for Disclosure

8. Mailing Address:

(P.O. Box, Number and Street Name)

City

State

Zip Code

9. Documentation of Device Experience

Name of Facility

Type and Class of Laser/IPL Equipment Operated

Knowledge of Laser Radiation Hazards and Emergency Situations

Submit documentation of laser experience, education and/or training. The following are examples of what will qualify an individual as a LSO.

- Educational courses related to laser radiation safety or a laser safety officer course (e.g. training certificates, etc.); or
- Experience using or familiarity with the type of equipment used (e.g. training obtained from manufacture/in-house training, etc.); and
- Knowledge of potential laser radiation hazards and laser emergency.

If designated LSO holds a LHR Certificate or Physician License, no additional documentation required.

10. STATEMENT OF LSO CERTIFICATION

I hereby accept the responsibilities of Laser Safety Officer as required in 16 TAC § 118.32.

Signature of Designated Laser Safety Officer

Date