



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

LASER HAIR REMOVAL PROGRAM NOTICE OF CHANGE AND DUPLICATE REQUEST INSTRUCTIONS

All information provided must be typed or printed in **black ink**.

1. CERTIFIED INDIVIDUAL NAME – Write your legal name as it appears on your current license 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. LHR CERTIFICATE NUMBER – Write your complete certificate number as it appears on your certificate
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. DUPLICATE CERTIFICATE REQUEST - Check the appropriate box. Non-refundable fee of \$25 required for a duplicate certificate.
6. NOTIFICATION OF CHANGE – Check the appropriate box(es).
7. CHANGE MY NAME – Write your **new** legal name in the spaces provided. You must submit a copy of the legal document approving or indicating your name change (ex; Government Issued ID, Court Petition for name change, Birth Certificate, Marriage Certificate or Divorce Decree).
8. CHANGE MY MAILING ADDRESS – Write your new mailing address in the spaces provided. This is the address where we will send you mail. This address can be a PO Box.
9. CHANGE MY PHONE NUMBER – Write your new phone number, including the area code.
10. CHANGE MY EMAIL ADDRESS – Write your new email address. Please provide your email address so the department may email license information and required notices to you. 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.
11. STATEMENT OF CERTIFIED INDIVIDUAL – Date and sign your request form. Changes to your record cannot be made if your request is not signed.

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

DUPLICATE LICENSE FEE: \$25 (FEE IS NON-REFUNDABLE)

All information provided must be typed or printed in **black ink**

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)

DUPLICATE CERTIFICATE REQUEST

5. Duplicate Certificate Request (check the box that applies)

Yes (\$25 fee required)

No

NOTIFICATION OF CHANGE

6. Notification of change: (check the box that applies)

Name (supporting documents required, see instructions in item 7)

Contact information

7. Change my name:

Last Name

First Name

Middle Name

Suffix

8. Change my mailing address:

(P.O. Box, Number, Street Name/Apartment Number)

City

State

Zip Code

9. Change my phone number:

10. Change my email address:

Area Code Phone Number

Ex: johndoe@gmail.com See instruction sheet for disclosure information

11. STATEMENT OF CERTIFIED INDIVIDUAL

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 of Certified Individual

Date Signed