



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

LASER HAIR REMOVAL CERTIFYING ENTITY APPLICATION INSTRUCTIONS

An entity requesting to submit a certifying entity application shall provide an application for approval that shall be in compliance with Health and Safety Code, Chapter 401; Occupations Code, Chapter 51 and all TDLR established guidelines and criteria for a certifying entity.

1. Organization Name – Enter full legal name of certifying entity/program.
2. Type of Action - Indicate appropriate action.
3. Mailing Address and Contact Information – Enter the mailing address, physical address phone number, fax number, and email address. This address is where the Department will mail all correspondence and may be a post office box. Provide the contact person's name, telephone number, and email address. Email addresses are a part of the key information required to transact business with TDLR. Your email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
4. Physical Address - Write the physical address of the certifying entity. A post office box cannot be used for this address.
5. Statement of Applicant - Indicate compliance confirmation, application must be signed by the owner, officer or other authorized representative.

SEND YOUR COMPLETED APPLICATION TO:

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

Completed applications may also be submitted by sending it via webform to the [Education and Examination Division](#).

Documents submitted with your application will not be returned. Keep a copy of your completed application and all attachments.

For additional information and questions, please visit the [Texas Department of Licensing & Regulation website](#) or reach the [Education and Examination division via webform](#) where you can submit your request for assistance and include attachments as needed.



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1. Organization Name:

2. Type of Action: (Check all that apply)

- New Application
 Amendment
 Name Change
 Contact Person Change
 Address Change
 Other _____

3. Mailing Address and Contact Information:

 Number, Street Name, Suite Number/Building Number City, State, Zip Code

 Email Address Phone Number Web Address

 Contact Person's Name Phone Number Email Address

4. Physical Address:

 Number, Street Name, Suite Number/Building Number City, State, Zip Code

 County

5. STATEMENT OF APPLICANT

Place a (X) in each box confirming compliance with these requirements:

- I understand a certifying entity shall meet the requirements set forth under TAC 118.50 (a) (1 through 13).
 I will ensure all applicants for certification receive training in the specified topics in 118.22(e).
 I understand each applicant must satisfactorily complete a written exam covering the specified topics in 118.33(e).
 I understand applicants have the option to complete a minimum period of on-the-job training in suffice of the examination.
 I will ensure all examination questions are protected from disclosure.
 I will create and maintain procedures for denying an application and revoking, suspending, and reinstating a certificate.
 I will provide a certification period of not less than 3 years nor more than 5 years.
 I will include procedures for renewing certifications and, if the procedures allow renewals without examination, require evidence of recent full-time employment and continuing education hours as required by this chapter.
 An examination administered or used by a certifying entity shall be designed to test an individual's knowledge and understanding of at least the topics specified in §118.33(e).
 I understand that an audit may be conducted without prior notice to determine whether we are complying with the requirements of *Texas Administrative Code, Title 16, Chapter 84* and *Texas Occupations Code, Chapter 51*. No fee will be charged to any Department employees or representative and I will cooperate fully with the Department.

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 or Owner, Officer, or Authorized Representative

Date Signed

Printed Name or Owner, Officer, or Authorized Representative

Title