TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

APPRENTICE-IN-TRAINING LASER HAIR REMOVAL APPLICATION INSTRUCTIONS

You must successfully complete 40 hours of laser hair removal training at a department approved training program. For a list of department approved training programs, see the training programs page.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. NAME – Provide your legal name in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)

2. GENDER – Select whether you are male or female.

3. DATE OF BIRTH – Provide your birthdate. A person must be at least 18 years of age to qualify to be a laser hair removal apprentice-in-training.

4. 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. If you do not have a Social Security Number, you must complete the ***Social Security Number Status Certification*** form. See additional information at ***Verification of Lawful Presence***.

5. SOCIAL SECURITY NUMBER – Provide 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***.

6. 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.

7. PHONE NUMBER – Provide 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.

8. MAILING ADDRESS – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.

9. 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 (PDF)*** for each offense.
   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 (PDF)***, a completed ***Criminal History Questionnaire (PDF)*** form for each crime you were convicted of or placed on deferred adjudication for and a $10.00 fee.

10. 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 (PDF)*** for each disciplinary action.

11. STATEMENT OF APPLICANT – Carefully read the statement before signing and dating 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 (PDF)*** and attach it with your license application.

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***.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:
TDLR
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 ***TDLR website***. You can request assistance or submit required attachments via ***TDLR webform*** or fax (512) 475-2871. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

TDLR Public Information Act Policy:
This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the ***TDLR Public Information Act Policy***.

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APPRENTICE-IN-TRAINING LASER HAIR REMOVAL APPLICATION

APPLICATION FEE: $50.00 (FEE IS NON-REFUNDABLE)

This application must be completed and accompanied with the required fee, and the certificate of completion for the 40 hours of training as required in 16 TAC, Chapter 118.

1. Name:

Last | First | Middle | Suffix

2. Gender: ☐ Male ☐ Female

3. Date of Birth: _____ MM/DD/YYYY

4. Do you have a Social Security Number: ☐ Yes ☐ No (If Yes, complete item 5)

5. Social Security Number: _____ See Instruction Sheet for Disclosure Information

6. Email Address: _____ Ex: johndoe@gmail.com See Instruction Sheet for Disclosure Information

7. Phone Number: _____ (Area Code) Phone Number

8. Mailing Address:

P.O. Box, Number, Street Name/Apartment Number | City | State | Zip Code + 4

9. 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

10. 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

11. 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 _____