TEXAS DEPARTMENT OF LICENSING & REGULATION
P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

LASER HAIR REMOVAL TECHNICIAN CERTIFICATE APPLICATION INSTRUCTIONS

Applicant must have performed 100 laser hair removal procedures within 12 months prior to application while holding an active Apprentice-In-Training Registration. Applicant must have been supervised by a Senior LHR Technician or Certified LHR Professional while performing the procedures.

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

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 birth date.
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 – Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order 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 the 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. APPRENTICE-IN-TRAINING CERTIFICATE NUMBER – Provide your current Apprentice-In-Training Certificate number.
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 (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 submit your application and pay 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.
11. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, revoked, or denied in any state. If Yes, complete and attach a ***Disciplinary Action Questionnaire (PDF)*** for each disciplinary action.
12. 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***.

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, visit the ***TDLR website*** or reach Customer Service via ***webform***. The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

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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LASER HAIR REMOVAL TECHNICIAN CERTIFICATE APPLICATION

APPLICATION FEE: $70.00 (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 laser hair removal procedures completed under the direct supervision of a Senior LHR Technician or Certified LHR Professional as required by 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. Apprentice In Training Registration No: _____

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

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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LASER HAIR REMOVAL APPENTICE-IN-TRAINING 100 LHR PROCEDURES AFFIDAVIT INSTRUCTIONS

A Laser Hair Removal (LHR) Apprentice-In-Training licensee must complete 100 LHR procedures under the direct supervision of a Senior LHR Technician or LHR Professional within twelve months of applying for an upgrade to the LHR Technician license.

Signatures are required by the applicant and the Senior LHR Technician or LHR Professional that supervised the procedures.

Please note: An LHR Apprentice-In-Training license must be issued before the 100 LHR procedures may begin. Procedures performed prior to the issuance of the LHR Apprentice-In-Training license will not be accepted.

Once the 100 LHR procedures are completed, the affidavit must be signed by the Senior LHR Technician or LHR Professional supervising the procedures, and then submitted with the LHR Technician application.

1. LHR APPRENTICE-IN-TRAINING NAME – Provide the legal name of the LHR Apprentice-In-Training license holder applying for an upgrade to the LHR Technician in the space provided. (Last Name, First Name, Middle Name, Suffix). Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)

2. LHR APPRENTICE-IN-TRAINING LICENSE NUMBER – Provide the LHR Apprentice-In-Training license number.

3. LHR APPENTICE-IN-TRAINING STATEMENT OF AGREEMENT – Carefully read the statement, list the number of LHR procedures performed under direct supervision, sign, and date.

4. NAME OF SUPERVISOR – Indicate the legal name of the Senior LHR Technician or LHR Professional license holder that directly supervised the LHR procedures in the space provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)

5. SUPERVISOR'S LICENSE NUMBER – Provide the supervisor's LHR license number.

6. SENIOR LHR TECHNICIAN/LHR PROFESSIONAL'S SUPERVISOR STATEMENT OF AGREEMENT - The affidavit must be signed by the supervising Senior LHR Technician/LHR Professional. Carefully read the statement, sign, and date.

Please read the requirements below for upgrade to LHR Technician

§ 118.33. Laser Hair Removal Individual Certificate-Requirements and Application.

(d) Laser Hair Removal Technician Certificate Requirements.

(1) An applicant for an LHR technician certificate shall meet the following requirements:

(A) meet the requirements for an LHR apprentice-in-training certificate in accordance with this chapter; and

(B) have performed at least 100 LHR procedures within 12 months under the direct supervision of a senior LHR technician or an LHR professional.

(2) An individual shall not perform LHR procedures unsupervised until:

(A) 100 LHR procedures within 12 months have been performed under the direct supervision of a senior LHR technician or LHR professional; and

(B) an individual LHR technician certificate has been issued by the department.

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LASER HAIR REMOVAL APPRENTICE-IN-TRAINING
100 LHR PROCEDURES AFFIDAVIT

An LHR Apprentice-In-Training license holder is required to complete 100 LHR procedures under the direct supervision of a Senior LHR Technician or an LHR Professional in order to upgrade to the LHR Technician license. **If the LHR procedures are directly supervised by more than one Senior LHR Technician or LHR Professional, additional affidavits must be submitted to total 100 LHR procedures.**

1. Laser Hair Removal Apprentice-In-Training Name:	2. LHR License Number:
Last _____ First _____ Middle _____	_____

3. LASER HAIR REMOVAL APPRENTICE-IN-TRAINING STATEMENT OF AGREEMENT

I do hereby certify that I have completed the specified number of LHR procedures under the direct supervision of a licensed Senior LHR Technician or LHR Professional in accordance with 16 Texas Administrative Code (TAC), Chapter 118. The procedures have been completed within the previous twelve months of submission of the LHR Technician application.

I certify that I have read and will comply with all applicable provisions of the Health and Safety Code, Chapter 401, §§401.501-401.522, Subchapter M and administrative rules under 16 TAC, Chapter 118.

I understand that any LHR procedures performed prior to the issuance of the LHR Apprentice-In-Training license will not be accepted.

I understand that providing false information on this application may result in denial of this application and/or revocation of my license and/or the imposition of administrative penalties.

Total number of LHR procedures completed under direct supervision: _____

_____ _____

Signature of LHR Apprentice-In-Training License Holder | Date Signed

4. Name of Senior LHR Technician (or LHR Professional) that supervised the LHR procedures:	5. Supervisor's LHR License #:
Last, First, Middle Name, Suffix (Jr., Sr., III)	_____

6. SENIOR LHR TECHNICIAN/LHR PROFESSIONAL SUPERVISOR'S STATEMENT OF AGREEMENT

I do hereby certify that I have supervised the specified number of LHR procedures as required by 16 TAC, Chapter 118. I certify that I have read and will comply with all applicable provisions of the Health and Safety Code, Chapter 401, §§401.501-401.522, Subchapter M and administrative rules under 16 Texas Administrative Code, Chapter 118. I understand that providing false information on this application may result in denial of this application and/or revocation of the license requested and the imposition of administrative penalties.

_____ _____

Senior LHR Technician/LHR Professional Signature | Date Signed