TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

SENIOR LASER HAIR REMOVAL TECHNICIAN CERTIFICATE APPLICATION INSTRUCTIONS

Applicant must have supervised 100 laser hair removal procedures within 12 months audited by a Certified LHR Professional while holding an active LHR Technician Certificate. **You cannot supervise yourself**.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION AND ALL ATTACHMENTS

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. LASER HAIR REMOVAL TECHNICIAN CERTIFICATE NUMBER – Provide your current LHR Technician Certificate number.
3. GENDER – Select whether you are male or female.
4. DATE OF BIRTH – Provide your birth date.
5. 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***.
6. 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***.
7. 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.
8. 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.
9. MAILING ADDRESS – Indicate 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.
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 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 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, canceled, 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 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***. 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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SENIOR LASER HAIR REMOVAL TECHNICIAN CERTIFICATE APPLICATION

APPLICATION FEE: $100.00 (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 directly supervised procedures audited by a Certified LHR Professional as required by 16 TAC, Chapter 118. You cannot supervise yourself.

1. Name:

Last | First | Middle | Suffix

2. LHR Technician Certificate #:

3. Gender: ☐ Male ☐ Female

4. Date of Birth MM/DD/YYYY

5. Do you have a Social Security Number: ☐ Yes ☐ No

6. Social Security Number:
See Instruction Sheet for Disclosure Information

7. Email Address:
Ex: johndoe@aol.com See Instruction Sheet for Disclosure Information

8. Phone Number:
(Area Code) Phone Number

9. Mailing Address:

Street Number & Name Apt/Bldg/Ste # | City | State | Zip Code + 4

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 (PDF)*** 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

You must complete all the requirements for technician certificate before submitting this form.

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 TECHNICIAN
100 LHR SUPERVISED PROCEDURES AFFIDAVIT INSTRUCTIONS

A Laser Hair Removal (LHR) Technician licensee must directly supervise 100 LHR procedures as audited by an LHR Professional within twelve months of applying for an upgrade to the Senior LHR Technician license.

Signatures are required by the applicant and LHR Professional that audited the procedures.

Please note: An LHR Technician license must be issued before the 100 LHR supervised procedures may begin. Procedures supervised prior to the issuance of the LHR Technician license will not be accepted.

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

1. LHR TECHNICIAN NAME– Provide the legal name of the LHR Technician license holder applying for an upgrade to the Senior 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 TECHNICIAN LICENSE NUMBER – Provide the LHR Technician license number.

3. LHR TECHNICIAN STATEMENT OF AGREEMENT – Carefully read the statement, list the number of LHR supervised procedures audited by an LHR Professional, sign, and date.

4. NAME OF LHR PROFESSIONAL – Indicate the legal name of the LHR Professional license holder that audited the supervised 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. LHR PROFESSIONAL'S LICENSE NUMBER – Provide the LHR Professional's license number.

6. LHR PROFESSIONAL'S STATEMENT OF AGREEMENT - The affidavit must be signed by the auditing LHR Professional. Carefully read the statement, sign, and date.

Please read the requirements below for upgrade to Senior LHR Technician

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

(c) Senior Laser Hair Removal Technician License Requirements. An applicant for a senior LHR technician certificate shall meet the following requirements:

(1) meet the requirements for an LHR technician license in accordance with this chapter; and

(2) have directly supervised at least 100 LHR procedures within 12 months, as audited by an LHR professional. An individual shall not supervise LHR procedures without audit by an LHR professional until:

(A) 100 LHR procedures within 12 months have been directly supervised, as audited by an LHR professional; and

(B) an individual senior LHR technician license has been issued by the department in accordance with this chapter.

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LASER HAIR REMOVAL TECHNICIAN
100 SUPERVISED LHR PROCEDURES AFFIDAVIT

An LHR Technician license holder is required to directly supervise 100 LHR procedures as audited by an LHR Professional in order to upgrade to the Senior LHR Technician license.

If the supervised LHR procedures are audited by more than one LHR Professional, additional affidavits must be submitted to total 100 LHR procedures.

1. Laser Hair Removal Technician Name:	2. LHR License Number:
Last _____ First _____ Middle _____	_____

3. LASER HAIR REMOVAL TECHNICIAN STATEMENT OF AGREEMENT

I do hereby certify that I have completed the specified number of supervised LHR procedures as audited by an 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 Senior 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 supervised prior to the issuance of the LHR Technician 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 directly supervised LHR procedures completed : _____

Signature of LHR Technician License Holder _____ Date Signed _____

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

6. LHR PROFESSIONAL'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.

LHR Professional's Signature _____ Date Signed _____