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

1. CERTIFIED INDIVIDUAL NAME – Provide 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 III. (Mr. is not a suffix.)
2. LHR CERTIFICATE NUMBER – Provide your complete certificate number as it appears on your certificate
3. DATE OF BIRTH - Provide your birthdate.
4. 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***.
   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. DUPLICATE CERTIFICATE REQUEST - Provide the appropriate box. Non-refundable fee of $25 required for a duplicate certificate.
6. NOTIFICATION OF CHANGE – Provide the appropriate box(es).
7. CHANGE MY NAME – Provide 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 – Provide 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 – Provide your new phone number, including the area code.
10. CHANGE MY EMAIL ADDRESS – Provide 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 – Sign and date your request form. Changes to your record cannot be made if your request is not signed.

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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DUPLICATE LICENSE FEE: $25.00 (FEE IS NON-REFUNDABLE)

1. Name:

Last Name | First Name | Middle Name | Suffix

2. LHR Certificate Number:

3. Date of Birth: MM/DD/YYYY

4. Social Security Number: (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:

(Area Code) Phone Number

10. Change my email address:

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