



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

LASER HAIR REMOVAL TRAINING PROGRAM APPLICATION INSTRUCTIONS

An entity looking to offer a Laser Hair Removal Training Program shall provide an application for approval that shall be in compliance with 16 TAC Chapter §118 and Education Code, Chapter 1001 and all TDLR established guidelines and criteria for a driver education school.

1. Provider Name – Enter the legal name of the provider.
2. Provider Contact Information – Enter the provider's 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.
3. Organization Type – Select the organization type for your business and enter the Federal Tax ID or Social Security Number if a sole proprietor.
4. Laser Safety Officer – Enter the Laser Safety Officer's (LSO) name, email address and mailing address. The LSO must sign indicating acceptance of the responsibilities of Laser Safety Office in accordance with 16 TAC §118.
5. Statement of Applicant – Application must be signed by the owner, officer, or other authorized individual.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

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

Completed applications and attachments may also be submitted via webform to: <https://ga.tdlr.texas.gov:1443/form/education>

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 Texas Department of Licensing & Regulation website at www.tdlr.texas.gov or reach the Education and Examination division via webform where you can submit your request for assistance and include attachments as needed at <https://ga.tdlr.texas.gov:1443/form/education>. Customer Service can also be reached at (800)803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).

REQUIRED DOCUMENTATION

- A course syllabus, including topics covered and time allotted for each topic.
- A list of instructors and qualifications of instructors.
- Provide verification that exam(s) are administered to assess the student's knowledge of material presented and include the rate or proportion of each required topic in 16 TAC §118.
- Provide the criteria for successful completion of the course (require at least a 70%).
- A copy of the certificate that will be issued upon successful completion of the training program.
- Provide verification that the training program is in compliance with applicable state laws, including Texas Education Code, Chapter 132. (provide documentation from the Texas Workforce Commission that the training program has either a certificate of approval or is exempt)



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1. Provider Name: _____

2. Provider Contact Information:

Mailing Address: _____

Physical Address: _____

Telephone Number: _____ Email Address: _____

3. Organization Type (check one) and Federal Tax ID:

Sole Proprietor

Partnership

Federal Tax ID/SSN: _____

Corporation

LLC

4. Laser Safety Officer: (LSO)

Name: _____ Email Address: _____

Mailing Address: _____

I hereby accept the responsibilities of Laser Safety Office in accordance with 16 TAC §118.

Signature of LSO

Date

5. STATEMENT OF APPLICANT

I certify that I am authorized and will comply with all applicable provisions of the Laser Hair Removal Act; Texas Occupation Code, Chapter 401 and Chapter 51; and the Laser Hair Removal Program Administrative Rules; 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 approval I am requesting and the imposition of administrative penalties.

Signature or Owner, Officer, or Authorized Representative

Date Signed

Printed Name or Owner, Officer, or Authorized Representative

Title