REGISTRATION APPLICATION FOR LASER HAIR REMOVAL TRAINING PROGRAM

Complete the application and submit with the required documentation. For further questions, contact the RSLB at (512)834-6688, ext. 2225. Upon approval of the application, the applicant will receive a Certificate of Registration.

For new registrations, mail application and fees to DSHS, RSLB, Mail Code 2003, P.O. Box 149347, Austin Texas, 78714-9347.
All other actions should use the address at the top of the application.

1a. Legal name of business, facility or individual
   (as registered with the Texas Secretary of State, if applicable)*:

1b. Business mailing address (Please include county):

2. Physical address where records will be stored
   (not applicable if not located in Texas):

3. Type of action: (Check all that apply)
   ☐ New Registration* (Attach appropriate fee)
   ☐ Renewal of Registration No.*
   ☐ Amendment to Registration No.*
   ☐ Name Change*
   ☐ Address Change (in Texas only) **
   ☐ LSO Change
   ☐ Additional Record Location
   ☐ Remove Record Location (in Texas only) **
   * Submit Business Information Form (RC 226-1) for new applications, renewal applications, and company name changes.
   ** Provide address in box 2 above.

4. Telephone No.:
5. Fax No.:

6a. Laser Safety Officer (LSO):

6b. LSO Email address:

8. I hereby accept the responsibilities of Laser Safety Officer as outlined in 25 Texas Administrative Code §289.302. (Submit qualifications to include education, training and/or experience for new registrations or LSO change.)

Signature of Laser Safety Officer  Date  Type or Print Name and Title

9. I certify that I have read and understand the applicable rules and agree to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code 37.10 to submit any false or fraudulent information or documents in order to obtain a certificate of registration. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

SIGNATURE of the applicant or person duly authorized to act on behalf of applicant:
(Example: President, Registered Agent, CEO, CFO, Partner, Owner)

Date  Type or Print Name and Title

In addition to submitting this completed application each applicant is required to submit the following in accordance with TAC §289.302(j)(20)(B):
- a course syllabus, including topics covered and time allotted for each topic;
- qualifications of instructors to include at least: knowledge of potential laser radiation hazards and laser emergency situations; educational courses related to laser radiation safety or a laser safety officer course; and familiarity with and experience in the use of LHR devices;
- verification that exam(s) are administered to assess the student’s knowledge of material presented;
- the criteria for successful completion of the course;
- a copy of the certificate that will be issued upon successful completion of the training program; and
- written documentation from the Texas Workforce Commission that the training program, if provided by a career school or college as defined in Texas Education Code 132.001(l), has either a certificate of approval under 132.051 or is exempt under 132.002(d).

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)