



REGISTRATION APPLICATION FOR LASER HAIR REMOVAL TRAINING PROGRAMS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS)
RADIATION SAFETY LICENSING BRANCH (RSLB)

Mail Code 2835
P.O. Box 149347
Austin, Texas 78714-9347

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.**

<p>1a. Legal name of business, facility or individual (as registered with the Texas Secretary of State, if applicable) : _____</p> <p>1b. Business mailing address: _____</p>	<p>2. Physical address where records will be stored (not applicable if not located in Texas): _____</p>	
<p>3. Type of action: (Check all that apply)</p> <p><input type="checkbox"/> New Registration* (Attach appropriate fee)</p> <p><input type="checkbox"/> Renewal of Registration No.* ZT _____</p> <p><input type="checkbox"/> Amendment to Registration No. ZT _____</p> <p><input type="checkbox"/> Name Change* <input type="checkbox"/> Additional Record Location</p> <p><input type="checkbox"/> Address Change (in Texas only) **</p> <p><input type="checkbox"/> LSO Change <input type="checkbox"/> Remove Record Location (in Texas only) **</p> <p>* Submit Business Information Form (RC 226-1) for new applications, renewal applications, and company name changes. ** Provide address in box 2 above.</p>	<p>4. Telephone No.:</p>	<p>5. Fax No.:</p>
		<p>6a. Laser Safety Officer (LSO):</p> <p>6b. LSO Email address:</p>
		<p>7. LSO Business Mailing Address (not residence): _____</p>

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. Certification: I certify that the information is true and correct to the best of my knowledge.
SIGNATURE of the application or person duly authorized to act on behalf of applicant:
(Example: President, Registered Agent, CEO, CFO, Partner, Owner)

Signature Applicant 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).