



**TERMINATION OF CERTIFICATE OF LASER HAIR REMOVAL TRAINING PROGRAM REGISTRATION**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS)  
RADIATION SAFETY LICENSING BRANCH (RSLB)  
P.O. Box 149347 Mail Code 2835  
Austin, Texas 78714-9347

Complete and submit this form to terminate the Certificate of Registration for Laser Hair Removal Training Program. This form may be mailed to the address above or faxed to (512)834-6716. For further questions, contact RSLB-Registration at (512)834-6688, ext. 2225.

**I request termination of the Certificate of Registration for Laser Hair Removal Training Program.**

Registration Number: ZT \_\_\_\_\_ Contact phone number: \_\_\_\_\_

Registrant Name: \_\_\_\_\_

Address: \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge.

**SIGNATURE of Laser Safety Officer or person duly authorized to act on behalf of registrant:**

(Example: President, Registered Agent, CEO, CFO, Partner, Owner)

\_\_\_\_\_  
SIGNATURE TITLE DATE

\_\_\_\_\_  
PRINTED NAME TITLE DATE