

USER GUIDE FOR:

**HAZARDOUS CONSUMER
PRODUCTS REGISTRATION
Initial Online Application**



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Contents

Introduction	1
Purpose.....	1
Definitions.....	1
Overview.....	1
Requirements	1
Rules about Refunds and Credits	1
Additional Information.....	2
Initial License Application	3
Getting Started	3
Helpful Tips	4
Change your DSHS online Password.....	6
Initial Onboarding required information	6
Apply for your License.....	7
Pay for your License	15
Application Status	19

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Introduction

Purpose

This user guide will assist clients applying for an initial Hazardous Consumer Products Registration Program license. It will guide you through the payment of the fee, and how to apply online.

Definitions

RAS-VO – DSHS Online Licensing Services client portal. Here clients can create an online account to start their online application for licensing.

Tax Number – A company's FEIN

HP – Hazardous Products

VR or VERSA – Admin Portal (Internal)

Tax Number – Business Tax ID number

Overview

To simplify the instructions on how to start an initial application via RAS-VO for clients. It will help clients and processors to understand the steps on processing an online application.

You can find more information about the Hazardous Consumer Products Registration Program on our website: [Hazardous Consumer Products Registration Program | Texas DSHS](#).

Requirements

- Physical location of each store requesting license
- Phone number
- Email address
- Company FEIN

Rules about Refunds and Credits

All fees are non-refundable

Additional Information

- [Hazardous Substances - Hazardous Consumer Products Registration | Texas DSHS](#)
- [Laws and Rules - Hazardous Consumer Products Registration | Texas DSHS](#)
- [Recalled Products - Hazardous Consumer Products Registration | Texas DSHS](#)
- [Toys - Hazardous Consumer Products Registration | Texas DSHS](#)
- [Contact Information - Hazardous Consumer Products Registration | Texas DSHS](#)

Initial License Application

Getting Started

Create your Online Licensing Services Account

New users must create a new online account through our DSHS Online Licensing Services website <https://vo.ras.dshs.state.tx.us/> and click on the Register as a new user hyperlink.

The screenshot shows the Texas Department of State Health Services Online Licensing Services website. The header includes the Texas Health and Human Services logo and the text 'TEXAS Health and Human Services' and 'Texas Department of State Health Services'. The main content area is titled 'Online Licensing Services' and includes links for 'Help & Support' and 'Contact Us'. The page is divided into several sections: 'Check License Status or Search for a License', 'Apply for a New License', 'Renew Your License', 'Asbestos Notifications', and 'Lead Notifications'. On the right side, there is a 'Returning User' login section with fields for 'User ID' and 'Password', and a 'Sign In' button. Below the login section is a 'New User' registration section, which is highlighted with a blue box. This section contains an information icon, the text 'Create a new online account as a first time user. Log in with the password emailed to you to access online services.', and a link 'Register as a new user'. The footer of the page contains various links: 'Contact Us', 'Connect with Texans', 'File Viewing Info', 'Internet Policy', 'Statewide Search', 'Homeland Security', and 'Texas.gov'.

- Fill in the required information marked with a red asterisk (*). Skip the option for third party payer and complete the captcha question. Enter the information by clicking, next.

New User Registration

All items marked with a (*) are required. You will only complete this process once. After you register, you will login with this account. Enter your details and press "Next".

Press "Cancel" to cancel this registration and return to the main menu.

Account User Contact Information

* First Name:

Second Name:

* Last Name:

Account Login

* Email: (e.g. name@domain.com)

* Confirm Email:

Use email address as user ID:

* User ID:

Password Recovery (In case you forget your password, you will be required to answer this question to obtain a new temporary password.)

* Secret Question:

Select a predefined question:

Or write your own question:


* Secret Answer:

Third Party Payer

Accept payment requests from third parties? (what's this?)

Security Measures (This helps to prevent automated registrations.)

* Click the white Checkbox next to "I'm not a robot" .

I'm not a robot 

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Last Updated Mar 27, 2013

Helpful Tips

- Create a unique user ID or use an email address as a user ID
- Make sure to select a memorable secret question

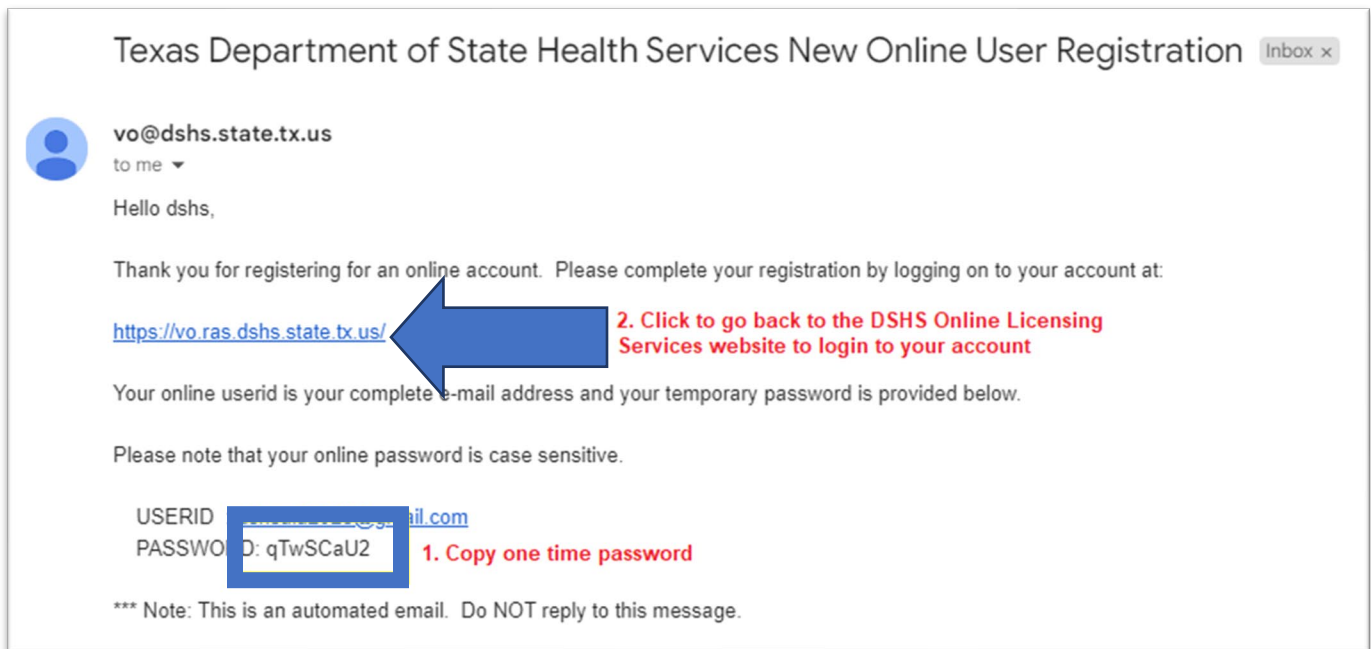
Preview Registration

Press "Save" to save the registration.
Press "Edit" to modify your registration details.
Press "Cancel" to cancel this registration and return to the main menu.

First Name:	ABC
Second Name:	
Last Name:	DEF
Email:	ABC@test.com
Userid:	ABC@test.com
Secret Question:	Where were you born?
Secret Answer:	Place
Third Party Payer:	No

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Last Updated Mar 27, 2013

- The next screen shows preview registration information. You can click edit, to modify details if needed, then save to continue.
- The system will send a one-time password to the email address you used to create the account. Make sure to copy the given password and click the hyperlink to go back to the DSHS Online Licensing Services website.



- Go ahead and enter the created user ID and the one-time password to login.


Returning User

User ID:

Password:

[Forgot user ID?](#)
[Forgot password?](#)

New User

 Create a new online account as a first time user. Log in with the password emailed to you to access online services.
[Register as a new user](#)

Change your DSHS online Password

- After logging in, the system will prompt you to enter your new password. Click save to complete the process.

Initial Onboarding required information

- If you hold an individual license, please provide the required information marked with a red asterisk (*). If you hold a license for a facility, business, or organization, please skip this step by clicking the next button or moving to the Main Menu to start the initial application.

The screenshot shows the Texas Department of State Health Services (DSHS) online onboarding interface. At the top left is the Texas Health and Human Services logo. The header includes the text "Texas Department of State Health Services" and navigation links: "Contact your licensing board or program | Internet Policy", "Logged in as Example, Example", "Main Menu", "Update Profile | Logoff | Contact Us".

The main content area is titled "Initial Onboarding - Linking to Existing Licenses". It contains instructions: "Please click on the 'Contact Us' link to contact the applicable agency to complete your onboarding process" and "If you do not hold an existing DSHS/HHSC license, choose NEXT to continue. If you hold a license for a facility/business/organization, please skip this screen and click Main Menu to continue. If you hold a license for an individual, please provide your individual license information to support linking your online account to existing license records. Press 'Next' to submit".

The "Individual Licenses information" section contains the following fields:

- * Last Name:
- * SSN: Full digits of SSN
- * SSN (confirm): Full digits of SSN
- * Date Of Birth: (mm/dd/yyyy)

The "Security Measures" section includes a reCAPTCHA challenge: "Type the characters from the picture below (without spaces):" with a green checkmark and the text "I'm not a robot". A reCAPTCHA logo and "reCAPTCHA Privacy - Terms" link are also present.

A "Next" button is located at the bottom right of the form area. At the bottom of the page, there are links for "DSHS Certifications, Licenses and Permits | Disclaimer" and the text "Last Updated Mar 27, 2013".

Update Default Registration Information

Enter your new password and press "Save".

Your new password must contain the following:

- a minimum of (8) characters
- must not be the same as your user id
- must not be a variation of your user id
- must contain at least (1) numeric character
- must contain at least (1) special character

• Old or Temporary Password:

• New Password:

• Confirm Password:

Save

Apply for your License

To start the initial application:

- Choose the board "Hazardous Consumer Products Program"
- Then, choose application type "Initial HCP Registration"
- Click select

Quick Start Menu

To start choose an option and you will return to this Quick Start menu after you have finished. If no licenses display under the options, and you are licensed, select 'Add Licenses to Registration' to add your license(s) to your registration.

Go to Asbestos/Demo Notification menu below to submit, search or pay for a Notification invoice.

License Information

No License Information Available

Start a New Application or Take An Exam

What are you applying for?

Hazardous Consumer Products Program

Initial HCP Registration

- Read the introduction then click next

Introduction

Function Suitability

Name and Organizational
Details

Contact Information

Enforcement

Parent Company Information

Application Summary

AVC Initial Registration - Introduction

Welcome to the Abusable Volatile Chemical Sales Permit online application for initial licensure for corporations or business entities. Follow the instructions on each screen to complete your application. Your information will not be saved until you complete the application and submit your information and fees.

Press "Next" to continue.

Press "Cancel" to cancel this application and return to the main menu.

PRIVACY NOTIFICATION: 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 522.021, 522.023, 559.003, and 559.004)

- Select no and click next

Introduction	Initial HCP Registration - Function Suitability
Function Suitability	Answer the questions below to ensure that you have selected the correct online transaction. Answer the questions and press "Next".
Name and Organizational Details	Press "Previous" to return to the previous section.
Contact Information	Press "Cancel" to cancel this application and return to the main menu.
Subsidiaries	
Enforcement	
Type of Operation	
Application Summary	

Question	Answer
Are you attempting to renew an existing license/registration/permit?	<input type="radio"/> Yes <input checked="" type="radio"/> No

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- Name and Organizational Details

Please follow steps and provide the required information, once completed click next.

- Organization name – the company’s name or Doing Business Name (DBA)
- Tax Number:
 - For a sole proprietor, use your SSN#
 - For other businesses, use your FEIN
- Entity - Select the type of business structure

Introduction	Initial HCP Registration - Name and Organizational Details
Function Suitability	Please enter organizational name in all caps. Please enter your organizational details and press "Next" to continue.
Name and Organizational Details	Press "Previous" to return to the previous section. Press "Cancel" to cancel this application and return to the main menu.
Contact Information	
Subsidiaries	
Enforcement	
Type of Operation	
Application Summary	

* Organization Name: <input type="text" value="Nezuko Chan LLC Test"/> Doing Business As Name: * Tax Number: <input type="text" value="....."/> * Tax Number: <input type="text" value="....."/>	<input type="radio"/> 501c3 (Tax Exempt) <input type="radio"/> Associates <input type="radio"/> City Health Department <input type="radio"/> Corporation <input type="radio"/> County Health Department <input type="radio"/> DBA <input type="radio"/> Fire Dept / EMS <input type="radio"/> Government <input type="radio"/> Hospital <input type="radio"/> Hospital Authority <input type="radio"/> Hospital District <input checked="" type="radio"/> LLC <input type="radio"/> LLP <input type="radio"/> LP <input type="radio"/> LTD <input type="radio"/> Partnership <input type="radio"/> Partnership Unincorporated <input type="radio"/> Sole Owner/Proprietorship <input type="radio"/> Unincorporated Association <input type="radio"/> University / College
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- Contact Information

Please follow steps and provide the required information, once completed click next.

- Main Address – this information cannot be changed, should be the physical location of the company

☐ Main Address

Copy From:	<input type="text"/>	<input type="button" value="Copy"/>
Street Number:	<input type="text" value="123"/>	
* Address:	<input type="text" value="Main st"/>	
	<input type="text"/>	
	<input type="text"/>	
Zip Code: ⓘ	<input type="text" value="12345"/>	
City:	<input type="text" value="Test"/>	
* State: ⓘ	<input type="text" value="Texas"/>	
County:	<input type="text" value="TRAVIS"/>	
Country:	<input type="text" value="United States"/>	
Phone Number:	<input type="text" value="111-111-1111"/>	(999-999-9999)
Extension:	<input type="text"/>	
E-mail:	<input type="text" value="ABC@test.com"/>	

- Mailing address – this is the address where you will receive completed licenses and notices for renewal

[-] Mailing Address

Copy From: [Copy](#)

Street Number:

* Address:

Zip Code:

City:

* State:

County:

Country:

Phone Number: (000-000-0000)

Extension:

E-mail:

Contact Person:

* Organization Name:

- List subsidiaries if needed and click next to proceed

Subsidiaries

If you have any wholly-owned subsidiary companies that you would like included with this registration, please provide a list of company names in the box below.

[Previous](#)
[Next](#)
[Cancel](#)

- If you are submitting an initial application due to receiving a Notice of Violation (NOV) you will check the box under the enforcement page. If you have not received a NOV leave the box unchecked. Click next to move on.

Enforcement

* Are you filling out this application because you received a Notice of Violation letter from DSHS? Click checkbox for Yes, leave unchecked for No.

[Previous](#)
[Next](#)
[Cancel](#)

Check the box(s) for the type of operation(s) of your business and list the hazardous consumer products in the notes field. Proceed by clicking next.

Add Type of Operation **Add**

Type of Operation

* Manufacturer:	<input type="checkbox"/>
* Re-packager:	<input checked="" type="checkbox"/>
* Importer:	<input type="checkbox"/>
* Priv Label Dist:	<input type="checkbox"/>

List the type of products in the Notes field. For Example: Glues, small toys, adhesives.

Notes:

Previous **Next** **Cancel**

- At the Application Summary screen, you can edit any of the information you have input by clicking the edit button. Review all the information to verify it's correct, then click submit to proceed.

Application	License Type: Hazardous Consumer Products Registration Application Date: 04/24/2023	
Organization Detail:	Organization Name: Nezuko Chan LLC Test Doing Business As Name: Tax Number: ***** Entity Type: LLC	Edit
General Addresses	Physical Address: 300 TANJERO WAY AUSTIN, Texas TRAVIS 78753 US Phone Number: 512-234-5555 E-mail: Mailing Address: 300 TANJERO WAY AUSTIN, Texas TRAVIS 78753 US Phone Number: 512-234-5555 E-mail: Contact Person: Nezuko Chan Test LLC Name:	Edit
Subsidiaries	If you have any wholly-owned subsidiary companies that you would like included with this registration, please provide a list of company names in the box below.	Edit
Enforcement	Are you filling out this application because you received a Notice of Violation letter from DSHS? Click checkbox for Yes, leave unchecked for No. <input type="checkbox"/> No	Edit
Type of Operation	Manufacturer: <input type="checkbox"/> No Re-packager: <input type="checkbox"/> Yes Importer: <input type="checkbox"/> No Priv Label Dist: <input type="checkbox"/> No Notes:	Edit
Previous Submit Cancel		

- Once you have clicked submit, please read the attestation page. If you agree, select yes, and click next. If you click no, you will not be able to submit your application.

Initial HCP Registration - Attestation

Press "Previous" to return to the previous section.

Press "Next" to continue.

Press "Cancel" to cancel this application and return to the main menu.

I swear or affirm that all information in this completed application is true and correct. I further certify by signature hereon that I am an officer of this company or am otherwise authorized to sign this document on behalf of this company/corporation. I further certify that I have read and understood the requirements of THE HAZARDOUS SUBSTANCE ACT, HEALTH AND SAFETY CODE, CHAPTER 501.

Yes
 No

[Previous](#) [Submit](#) [Cancel](#)

- Fee and Summary Report Page

You have the option to pay now or later. It's possible to view the application summary via the view PDF Summary Report. Your inbox should receive an automated email from the system with an attached copy of your submitted application.

Fee and Summary Report

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.


You are required to pay the amount below for your application to be processed.

Press "Pay Now" to proceed to the fee payment page.

Press "Pay Later" to return to the main menu. Select "Pay for Online Applications" from the main menu when you are ready to pay.

Fees

Total Amount Due:	\$649.00
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[Pay Now](#) [Pay Later](#) [View PDF Summary Report](#) 

If you decided to pay later, you can locate the fees that are due on the main page under additional activities and clicking make payments.

Quick Start Menu

To start choose an option and you will return to this Quick Start menu after you have finished. If no licenses display under the options, and you are licensed, select 'Add Licenses to Registration' to add your license(s) to your registration.

Go to Asbestos/Demo Notification menu below to submit, search or pay for a Notification invoice.

Start a New Application or Take An Exam

What are you applying for?

<Choose Board>

<Choose Application>

View Application Status

View the status of my applications (3)

Additional Activities

Authorized Representative

Make Payments (3)

Secure Mailbox

Add Licenses To Registration

Li
N

Pay for your License

Online Application Payment

Select the applications you wish to pay for and press "Next" to continue

Press "Main Menu" to return to the main menu

Application Number	Description	License Number	License Type	Applicant Name	Fee
281279	AVC Initial Registration		Abusable Volatile Chemical Sales Permit	Test Company	\$57.00 <input checked="" type="checkbox"/>

Payment Method

- Credit Card
 ACH

[Next](#) [Main Menu](#)

Click pay now to access the Online Application Payment page.

1 Payment Type **2** Customer Info **3** Payment **4** Submit Payment

Payment

Payment Type ✓

Credit/Debit Card

Customer Information

Complete all required fields [*]

Country *
United States ▼

First Name * Last Name *

Address *

Address 2

City * State *
Select State ▼

ZIP/Postal Code *

Phone Number *

Email *

Next >

Payment Information

Transaction Summary

Department of State Health Services Regulatory Licensing Payment	\$57.00
TOTAL	\$57.00

Need Help?

Please complete the Customer Information Section

Select the preferred payment method, then click next steps to pay, the system will send you to a third-party website to enter your payment info, please provide the required information.

- if you select ACH, you need to enter this information:

The screenshot shows a 'Payment Information' form with the following fields and options:

- Name on Account ***: A text input field.
- Routing Number ***: A text input field.
- Account Number ***: A text input field with a help icon.
- Re-enter Account Number. ***: A text input field.
- Account Type**: Radio buttons for Checking and Savings.
- Next >**: A green button to proceed.
- Cancel**: A grey button to return.

An inset image shows a check with a routing number of 012345678 and an account number of 01234567800, with red boxes and arrows pointing to these numbers. A 'Pay' field is also visible in the inset.

- If you select Credit Card, you will need to enter your card information:

The screenshot shows a 'Payment Information' form with the following fields and options:

- Credit Card Number ***: A text input field with a help icon.
- Credit Card Type**: A dropdown menu with icons for MasterCard, VISA, DISCOVER NETWORK, and AMERICAN EXPRESS.
- Expiration Month ***: A dropdown menu with 'Select a Month'.
- Expiration Year ***: A dropdown menu with 'Select a Year'.
- Security Code ***: A text input field with a help icon.
- Name on Credit Card ***: A text input field.
- Next >**: A green button to proceed.

- After clicking next, it will send you to your payment summary. You can make some edits if you may.
- Answer the captcha question
- Then select submit once completed

Payment

Payment Type ✓

Credit/Debit Card

Customer Information ✓

[Edit](#)


Address Michael Lee 300 Tanjero Way Austin , TX 78753	Phone Number 5122525555
Country United States	Email Address nezukochanllc@gmail.com

Payment Information ✓

[Edit](#)

Credit Card Visa ****2033 Exp. 05/2026	Name on Credit Card Michael Lee
---	---

Verification

I'm not a robot  [Privacy](#) - [Terms](#)

[Cancel](#) [Submit Payment](#)

Application Status

Once the application has been submitted it will be placed in queue for processing. To see the progress of your application you can view the status from the main page under “View Application Status” by clicking select.

Quick Start Menu

To start choose an option and you will return to this Quick Start menu after you have finished. If no licenses display under the options, and you are licensed, select 'Add Licenses to Registration' to add your license(s) to your registration. Li
Nc

Go to Asbestos/Demo Notification menu below to submit, search or pay for a Notification invoice.

- Start a New Application or Take An Exam
What are you applying for?
- View Application Status

You will find all the applications that you’ve submitted and their status

Application Status Inquiry
Below is a list of outstanding/pending applications.
Press "Back" to return to the main menu.

Submission Date	Application Name	Application Number	Status	Deficiencies	Notes
03/24/2023	Initial Asbestos Abatement Worker	51883	Open	1. Fee due	
03/15/2023	AVC Initial Registration	279729	Open		
03/24/2023	AVC Initial Registration	279874	Open		

By clicking the application, you will have an option to “Withdraw Application” or “Submit Document(s)”

Submission Date	03/15/2023
Application Name	AVC Initial Registration
Application Number	279729
Status	Open
Deficiencies	
Notes	

[Withdraw Application](#)

[Submit Document\(s\)](#)

[Done](#)

DSHS Consumer Protection Division

[***dshs.texas.gov/business-compliance***](https://dshs.texas.gov/business-compliance)