USER GUIDE FOR: LEAD WORKER LICENSES



TEXAS Health and Human Services

Texas Department of State Health Services

Contents

Introduction	1
Initial License Application	2
Apply for your License	3
Pay for your License	10
Reciprocal License Application	14
Resources	18

Last revised: 5/15/2024

Introduction

This User Guide is to assist you in applying for an initial Lead Worker license. It will guide you through the payment of the fee, the documents you will need, and how to apply online.

Definitions

RAS-VO – Regulatory Automated System. VO – Versa Online CC – credit card.

The requirements for a lead license are described in the Texas Environmental Lead Reduction Rules (TELRR). A summary of those requirements can also be found on the lead web page;

https://www.dshs.texas.gov/environmental-lead-program/summarycertification-requirements-according-to-the-texas-environmental-leadreduction-rules.

You can find more information about the Lead licenses on our website: <u>https://www.dshs.texas.gov/environmental-lead-program</u> .

Requirements

All applicants must take the certified training from a DSHS approved training provider before applying for an initial or renewal lead license.

Rules about Refunds and Credits

Initial certification application fees will be refunded only when the department does not process a completed application in the specified period, or an applicant is not able to meet the certification requirements. If fee amounts paid to the department are more than the correct fee amount, the excess payment will be reimbursed. Reimbursement of fees paid for a

certification application not meeting the requirements will be made, minus a \$25 administrative fee.

Additional Information

Please refer to the <u>Division for Consumer Protection Online Licensing -</u> <u>Eligibility by License Type webpage</u> for more information about license and application types supported by the <u>Division for Consumer Protection Online</u> <u>Licensing System</u>.

Initial License Application

Getting Started

Required Document Checklist:



All applicants, except for those applying for a license by reciprocity, must take the certified training from a DSHS approved training provider before applying for a lead license.

A list of those approved training providers can be found by doing an online license search; <u>https://vo.ras.dshs.state.tx.us/datamart/login.do</u>. An online account is not necessary for a search.

Create your Online Licensing Services Account

Visit the <u>DSHS online licensing services</u> to create a user account.

nline Licensing Services	Help & Support Contact Us	
Check License Status or Search for a License		Returning User
It is not necessary to register or login to view or search for a lice license search here to verify that a license holder has a current license Health Services. You can search by name, license type, city or county.	cense or certification. Begin your with the Department of State	User ID:
Apply for a New License		Forgot user ID?
To apply for an initial license, please see the <u>Online Licensing Eligibility</u> supported before you <u>register as a new user</u> . If you have previously reg necessary to create another user registration to apply for a new license	page to check if your license type is gistered using this system, it is not e.	New User
Renew Your License		Create a new online account as a first time user.
To renew an existing license, please verify that your license type is <u>elig</u> have confirmed that your license may be renewed online, please login password, or <u>register as a new user</u> .	<u>ible for online renewal</u> . Once you with your existing user ID and	emailed to you to access online services. <u>Register as a new user</u>
Asbestos Notifications		
It is not necessary to login to view asbestos notifications. <u>Searc</u> location, date, name or notification number. If you wish to submit/ame may <u>register as a new user</u> if you have not previously registered using	<u>h for a notification</u> by project ind an asbestos notification, you this system.	
Lead Notifications		
It is not necessary to login to view lead notifications. Search for location, date, name or notification number. If you wish to submit/ame register as a new user if you have not previously registered using this s	<u>a lead notification</u> by project ind a lead notification, you may system.	

New User

Create a new online account as a first time user. Log in with the password emailed to you to access online services. <u>Register as a new user</u>

Apply for your License

Provide all the required information with the asterisk symbol "*"

Enter required information with the asterisk symbol "*", then click Next.

Verify the Preview Registration. If everything is correct, click Save.

TEXAS Health and Human Services Health Services	<u>Contact your licensing board or program Internet Policy</u> Return to the Main Menu <u>Contact Us</u>
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	J.
First Name:	dshs
Second Name:	
Last Name:	Alu
Email:	dshsalu2023@gmail.com
Userid:	dshsalu2023@gmail.com
Secret Question:	What is your mother's maiden name?
Secret Answer:	saucedo
Third Party Payer:	Yes
	Save Edit Cancel

Enter required information with the asterisk symbol "*", then click Next.

TEXAS Health and Human	
Services health Services	Contact your licensing board or program Internet Polic
	Logged in as Alu, dsh s
	Main Menu Update Profile Logoff Contact Us
Initial Onboarding - Linking to Existing Licenses	
Please click on the "Contact Us" link to contact the applicable agency to	to complete your onboarding process
If you do not hold an existing DSHS/HHSC license, choose NEXT t Menu to continue. If you hold a license for an individual, please provide	to continue. If you hold a license for a facility/business/organization, please skip this screen and click Main a your individual license information to support linking your online account to existing license records.
Press "Next" to submit	
Individual Licensess information	
* Last Name:	Alu
* SSN:	Full digits of SSN
* SSN (confirm):	Full digits of SSN
* Date Of Birth:	01/01/0011 (mm/dd/yyyy)
Security Measures (This helps to prevent automated registrations.)	
* Type the characters from the picture below (without spaces):	V I'm not a robot
	Next

Click Next to be sent to the Quick Start Menu.

Select the Lead Program and Initial Lead Worker license type from the drop-down menu and click Select.

TEXAS Health and Human Services Health Services	Contact your licensing board
	Update Pro
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 Availab
Start a New Application or Take An Exam What are you applying for? Lead Program Initial Lead Abatement Worker Select	
View Application Status View the status of my applications (1) Select	l.

The following screen will appear:

TEXAS Health and Human Services	Texas Department of State Health Services <u>Contact your licensing board or program Internet Poli</u> Logged in as Alu, dsh
	<u>Main Menu Update Profile Logoff Contact U</u>
Introduction	Initial Lead Abatement Worker - Introduction
Function Suitability	Welcome to the Environmental Lead Program's online application for initial licensure. 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.
Name and Personal Details	Press "Next" to continue.
Contact Information	Press "Cancel" to cancel this application and return to the main menu.
Select Attributes	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
Application Summary	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)
	Next Cancel
	DSHS Certifications, Licenses and Permits Disclaimer

Click Next.

TEXAS Health and Human Services	Texas Department of State Health Services	<u>Contact your licensing board or program Internet Policy</u> Logged in as Alu, dshs Main Menu Update Profile Logoff Contact Us
Introduction Function Suitability Name and Personal Details Contact Information	Initial Lead Abatement Worker - Function Suitability Answer the questions below to ensure that you have selected the correct online trans Answer the questions and press "Next". Press "Previous" to return to the previous section. Press "Cancel" to cancel this application and return to the main menu.	action.
Select Attributes Application Summary	Question Are you attempting to renew an existing license/registration/permit?	Answer Yes No Previous Next Cancel
	DSHS Certifications. Licenses and Permits Disclaimer	

Answer all questions as correctly as you can and remember to include an email address. This will help you get the information you need.

Quick Tip! Where possible, use capital letters.

		Main Menu Update Profile Logoff Contac
Liter Liter	Initial Lead Abatement	t Worker - Contact Information
Introduction	Press "Previous" to retu	Im to previous page.
Function Suitability	Press "Next" to go to ne	ext page.
Name and Personal Details	Press "Cancel" to Cance	el application and go back to Quick Start Menu.
Contact Information	If Return to Summary B	Button is available. Press "Return to Summary" to return to the summary.
Select Attributes	If Delete Button is available	able. Press "Copy" to copy a previously entered address
Application Summary	Press "Zip Lookup" after	rentering the zip code to populate the U.S. city, state and county.
	Select an address type	and press "Add" to add a new address.
	E Main Address	
	Copy From:	Сору
	Street Number	1
	* Address:	
	Address.	MAIN
	* Zip Code: 😡	12121
	* City:	MELROSE
	* State: 😡	New York 🗸
	* County:	OUT OF STATE/UNKNOWN V
	Country	
	Dhone Number	
	Phone Number:	
	Extension:	
	E-mail:	sis1234@gmail.com
	└──	
	1	
	H Mailing Address	
	Copy From:	Сору
	Street Number:	1
	* Address:	MAIN
	* Zip Code: 🔞	12121
	* City:	MELROSE
	* State 🚳	
	* County:	
	- County.	
	Country:	United States
	Country: Phone Number:	United States (999-999-999) (999-999-999)
	Country: Phone Number: Extension:	United States (009-909-9090) (009-909-9090)
	Country: Phone Number: Extension: E-mail:	United States V 111-111-1111 (999-999-9999)
	Country: Phone Number: Extension: E-mail: Title:	United States III-111-1111 (999-999-9999) sis1234@gmail.com
	Country: Phone Number: Extension: E-mail: Title: * First Name:	United States
	Country: Phone Number: Extension: E-mail: Title: * First Name: Second Name:	United States
	Country: Phone Number: Extension: E-mail: Title: First Name: Second Name: Last Name:	United States
	Country: Phone Number: Extension: E-mail: Title: First Name: Second Name: Last Name: Or	United States ▼ 111-111-1111 (009-909-9999) sis1234@gmail.com ME ME
	Country: Phone Number: Extension: E-mail: Title: First Name: Second Name: Last Name: Or Or	United States ▼ 111-111-1111 (009-009-0090) sis1234@gmail.com
	Country: Phone Number: Extension: E-mail: Title: First Name: Second Name: Last Name: Or Or Or	United States ▼ 111-111-1111 (999-999-9999) sis1234@gmail.com ME ME ME
	Country: Phone Number: Extension: E-mail: Title: First Name: Second Name: Last Name: Or Organization Name:	United States ▼ 111-111-1111 (999-999-9999)
	Country: Phone Number: Extension: E-mail: Title: First Name: Second Name: Last Name: Or Or Organization Name: Add Another Contact	United States ▼ 111-111-1111 (999-999-9999) sis1234@gmail.com ME ME ME
	Country: Phone Number: Extension: E-mail: Title: First Name: Second Name: Add Another Contact Contact Type:	United States ✓ 111-111-1111 (999-999-9999) sis1234@gmail.com ME ME ME ME Add

Fill in the required information indicated by a red asterisk symbol "*". Click Next to continue.

Indicate your military status as shown in the picture below and click Next.

TEXAS Health and Human Services	exas Department of State lealth Services			Contact your licensing board or program Internet Polic
				Main Menu Update Profile Logoff Contact Us
Introduction Function Suitability Name and Personal Details Contact Information	Initial Lead Abatement Work Listed below are the license at http://www.dshs.texas.gov/elp/ Please select/de-select the des Press "Previous" to return to th Press "Carcel" to carcel this a	er - Select Attributes tributes you may add or delete military.aspx sired attribute and press "Next se previous section. upplication and return to the ma	. For more informati " to continue.	on about Military Status, visit
Select Attributes Application Summary	If Return to Summary Button is Attribute Type:	s available. Press "Return to S Military Status	ummary" to return to	the summary.
	Attributes:	Exists On License	Request To Add	Military Service Member Military Spouse Military Spouse holds a current license issued by another jurisdiction Military Veteran
				Previous Next Cancel
	DSHS (Certifications, Licenses and Pe	rmits Disclaimer	

Below is an example of the Application Summary. This should show all the information that you entered when creating your online account. Review it

Personal Details Full Name: Professional Qualifier: Social Security Number: Birthdate: dshs Alu Edit General Addresses Main Address 1 MAIN Edit Main Address 1 MAIN Edit Phone Number: 111.111.1111 E-mail: sis1234@gmail.com Mailing Address 1 MAIN E-mail: sis1234@gmail.com Mailing Address 1 MAIN E-mail: sis1234@gmail.com Name: ME	Application Summary	Application	License Type: Lea	d Abatement Worker Application Date:	04/27/2023	
General Addresses Main Address 1 MAN Edit MELROSE, New York OUT OF STATE/UNKNOWN 12121 US 111-1111 US Phone Number: 111-111111 E-mail: sis1234@gmail.com Mailing Address 1 MAIN MELROSE, New York OUT OF STATE/UNKNOWN 12121 US Phone Number: 111-1111 E-mail: sis1234@gmail.com 12121 US Phone Number: 111-111-1111 E-mail: sis1234@gmail.com Name: ME ME		Personal Details	Full Name: Professional Qualifier: Social Security Number: Birthdate: 11/11/191	dshs Alu *******	Edit	
E-mail: sis1234@gmail.com Mailing Address 1 MAIN MELROSE, New York OUT OF STATE/UNKNOWN 12121 US Phone Number: 111-111-1111 E-mail: sis1234@gmail.com Name: ME ME		General Addresses	Main Address Phone Number:	1 MAIN MELROSE, New York OUT OF STATE/UNKNOWN 12121 US 111-111-1111	Edit	
E-mail: sis1234@gmail.com Name: ME ME			E-mail: Mailing Address	1 MAIN MELROSE, New York OUT OF STATE/UNKNOWN 12121 US		
			Phone Number: E-mail: Name:	111-111-1111 sis1234@gmail.com ME ME		

and then click Submit for the next step.

You'll be asked to confirm a statement like the one shown below. Click Yes and then Submit.

TEXAS Health and Human Services	Texas Department of State Health Services Contact your licensing board or program Internet Policy Logged in as Alu, dshs Main Menu Update Profile Logoff Contact Us
Introduction Function Suitability Name and Personal Details Contact Information	Initial Lead Abatement Worker - 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. The following documents must be sent to DSHS. Send electronic or hard copies of these items with a copy of the online receipt. Electronic
Select Attributes Application Summary	 documents should be submitted to <u>lead reg@dshs.state.tx us</u>. 1. Copy of training certificate from a Department-accredited training provider for the 8-hour Lead Abatement Worker refresher training course. Course must have been completed within 180 days of the license expiration date. 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 license. I also understand that disclosure of my social security number is mandatory under Family Code Chapter 231.302.(c)(1), and will be used for identification and reporting purposes required by law. All information I have provided on this application is true, correct, and complete to the best of my knowledge. Ves
	No Previous Submit Cancel DSHS Certifications, Licenses and Permits Disclaimer

Pay for your License

You will now see three options:

- Pay Now
- Pay Later
- View PDF Summary Report

Pay Now will take you to the screen Online Application Payment. You can now pick the payment method and click Next to continue.

TEXAS Health and H Services	Human Texas Departm Health Service	ent of State s			Contact your licensing board or program Internet Polic
					Logged in as Alu, dshs
					<u> Main Menu Update Profile Logoff Contact Us</u>
Online Application Pa Select the applications Press "Main Menu" to r	y ment you wish to pay for and pres eturn to the main menu	s "Next" to continue			
Application Number	Description	License Number	License Type	Applicant Name	Fee
2028	Initial Lead Firm		Lead Firm	ALU	\$1030.00 🗌
3582	Initial Lead Abatement Worker		Lead Abatement Worker	Alu, dshs	\$103.00
Payment Method	⊖ Credit Card ⊖ ACH				Next Main Menu
		DSHS Certifi	cations. Licenses and Perm	its I Disclaimer	

Pay Application Fee

Next to the license application you wish to pay for check the box corresponding box. Choose the preferred payment method and click Next to complete payment.

Payment options include:

- Credit Card
- ACH

TEXAS Health and H Services	uman Texas Department of S Health Services	tate		Contact your licensing board o	r.program Internet Policy Logged in as Alu, dshs
Confirm Payment Deta If more than one payme Press "Cancel" if you do	hils nt method is listed, first select payme o not wish to continue with the payment of the payment of the p	ent method and then pre ent.	ss "Next" to pay for these applications.		
Application Number	Description	License Number	License Type	Applicant Name	Fee
3582	Initial Lead Abatement Worker		Lead Abatement Worker		\$103.00
				Total	\$103.00
Payment Method:	Credit Card				
					Next Cancel
		DSHS Certifications, Lie	censes and Permits Disclaimer		

If you choose Pay Later, you will need to log back on to your account to complete payment. After logging in, you will begin again on the Quick Start Menu. Under Additional Activities, Make Payment (1) and you will click on Select to direct you to the Online Application Payment screen.

Online Application Payment screen and click on the program, in our case Lead Program. Select the payment method, then click Next to continue.

TEXAS Health and I Services	Human Texas Departm Health Service	ent of State s		S	Contact your licensing board or program Logged	n <u>Internet Policy</u> in as Alu, dshs	
					<u> Main Menu Update Profile Logo</u>	off <u>Contact Us</u>	
Online Application Pa Select the applications Press "Main Menu" to r	yment you wish to pay for and pres eturn to the main menu	is "Next" to continue					
Application Number	Description	License Number	License Type	Applicant Name	Fee		
2028	Initial Lead Firm		Lead Firm	ALU	\$1030.00 🗹		
3582	Initial Lead Abatement Worker		Lead Abatement Worker	Alu, dshs	\$103.00 🗹		
Payment Method	⊖ Credit Card ⊖ ACH				Next	Main Menu	
	DSHS Certifications, Licenses and Permits Disclaimer						

You will view confirmation of the payment details, then click Next.

TEXAS Health and H Services	Human Health Services	ent of State		Contact your licensing board o	<u>r program Internet Polic</u> Logged in as Alu, dshs
				<u>Main Menu Update Profi</u>	ile <u>Logoff</u> <u>Contact Us</u>
Confirm Payment Det If more than one payme Press "Cancel" if you de Application Number	ails ent method is listed, first select o not wish to continue with the Description	t payment method and then pre- e payment. License Number	ss "Next" to pay for these ap	oplications. Applicant Name	Fee
2028	Initial Lead Firm		Lead Firm		\$1030.00
				Total	\$1030.00
Payment Method:	Credit Card				
					Next Cancel

On the next screen enter your credit/debit card information for payment, then click Next.

United States	~		
First Name *		Last Name *	
Address *			
Address 2			
City *		State *	
		Select State	~
ZIP/Postal Code *			
Phone Number *			

After you have made the payment, you will receive an online payment receipt. This will be sent to the email that you provided when you created the online account.

Next Steps

Applicants will receive their approved licenses by mail. Approved licenses will be sent to the mailing address on their application. If an application is incomplete the applicant will be sent a list of what is missing by email, if provided, or mail.

Reciprocal License Application

Getting Started

Required Document Checklist:

Copy of current out of state license
Credit card
Document 3

Training certificates are not substitutes for licenses.

Reciprocal licenses are not renewable since they are dependent on current licensure in another state.

Apply for License Reciprocity to Texas

Applicants must be currently licensed in another state.

Applicants seeking reciprocal certification shall sign a statement that the applicant has read and understands the Texas Environmental Lead Reduction Rules and agrees to follow the standards for conducting lead-based paint activities. This can be done online.

Create an Online account or use a previously created account. Go to the Quick Start Menu. Start a new application.

TEXAS Health and Human Services Health Services	<u>Contact your licensing board or program Internet Policy</u> Logged in Update Profile Logoff Contact Us
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.	License Information
	No License Information Available
Go to Asbestos/Denio Notification menu below to submit, search or pay for a Notification involce.	
Start a New Application or Take An Exam	
What are you applying for?	
Lead Program 🗸	
Initial Lead Abatement Worker (by Reciprocity) V	
View Application Statue	

Click Select and follow the instructions as above.

Complete the following:

Main Menu J Update Profile Logoff Con Initial Lead Abatement Worker (by Reciprocity) - Information Press "Previous" to return to previous page. Press "Next" to go to next page. Press "Cancel" to Cancel application and go back to Quick Start Menu. If Return to Summary Button is available. Press "Return to Summary" to return to the summary. If Save Button is available. Press "Save" to save the information and return to the summary. Out-of-State Verification Information * State of Cert: * Cert. Number: * Effective Date: (mm/dd/yyyy) * Agency Name: * Program Name: * Contact Number: * Out-of-State Verification Date: * Program Name: * Contact Number: * Notes:	Services	nearth services	Contact your licensing board or program [nterne as Ali
Initial Lead Abatement Worker (by Reciprocity) - Information Frees "Previous" to return to previous page. Press "Next" to go to next page. Press "Next" to go to next page. Press "Cancel" to Cancel application and go back to Quick Start Menu. idect Attributes If Return to Summary Button is available. Press "Return to Summary" to return to the summary. If Save Button is available. Press "Save" to save the information and return to the summary. If Save Button is available. Press "Save" to save the information and return to the summary. If Save Button is available. Press "Save" to save the information and return to the summary. If Cert. Number: • Cert. Number: • Cert. Number: • Effective Date: • Effective Date: • Program Name: • Contact Number: • Contact			Main Menu Update Profile Logoff	Cont
If Save Button is available. Press "Save" to save the information and return to the summary. Application Summary If Save Button is available. Press "Save" to save the information and return to the summary. Out-of-State Verification Information State of Cert: Cert. Number: Effective Date: Expiration Date: Agency Name: Program Name: Contact Number: Notes: 	ntroduction function Suitability Aame and Personal Details Contact Information Select Attributes	Initial Lead Abatement Worker (by Recipin Press "Previous" to return to previous page. Press "Next" to go to next page. Press "Cancel" to Cancel application and go If Return to Summary Button is available. Pre-	ocity) - Information back to Quick Start Menu. ess "Return to Summary" to return to the summary.	
Application Summary • State of Cert.: • Cert. Number: • Effective Date: • Expiration Date: • Magency Name: • Program Name: • Contact Number: Notes: Notes:	ut-of-State Verification formation	If Save Button is available. Press "Save" to s Out-of-State Verification Information	save the information and return to the summary.	
	Appincauon Summary	 State of Cert.: Cert. Number: Effective Date: Expiration Date: Agency Name: Program Name: Contact Number: Notes: 		

Click Next.

Verify Summary and click Submit.

Read Attestation. Click Yes or No. A summary of your application will appear.

TEXAS Health and Human H Services	exas Department of State ealth Services			Contact your licensing b	oard or program Internet Policy
				Main Menu Opdate	<u>e Profile Logoff Contact Us</u>
Fee and Summary Report					
Your application data has been su	bmitted. Click on "View PDF Summary Report"	and print this	report for yo	our records.	
You are required to pay the amount to Press "Pay Now" to proceed to the fe Press "Pay Later" to return to the ma Fees	velow for your application to be processed. ee payment page. in menu. Select "Pay for Online Applications" from	the main men	u when you ar	e ready to pay.	
Total Amount Due:	\$103.00				
Deficiencies					
1. Fee due					
	FI	e Pay Now	Pay Later	View PDF Summary Report	Get Get ADOBE® READER®

You can pay now or later. Your application is incomplete without the payment.

Next Steps

Applicants will receive their approved licenses by mail. These will be sent

to the mailing address on their application. If an application is incomplete

the applicant will be sent a list of what is missing by email (if available) or mail.

Renewal Application

Renewal license applications can be completed by paper application or online.

Address Change

Address changes are currently completed by paper but will be available to change online in the future. You will be notified about this change before the change by email. Please refer to the <u>Division for Consumer Protection Online Licensing -</u> <u>Eligibility by License Type webpage</u> for information about license and application types supported by the <u>Division for Consumer Protection Online</u> <u>Licensing System</u>.

Resources

Texas Department of State Health Services (DSHS) Website

https://www.dshs.texas.gov/

This is the main website for the Texas Department of State Health Services. From this website, you can find different programs and services the state agency provides to the people of Texas.

DSHS Licensing Program Website Name

<u>https://www.dshs.texas.gov/environmental-lead-program</u> This is the main website for the Texas Department of State Health Services lead program.

Eligibility by License Type

https://www.dshs.texas.gov/online-licensing-help-center-division-consumerprotection/eligibility-by-license-type-online-licensing-help-center

This page contains information regarding license and application types supported by the Division for Consumer Protection Online Licensing System.

State Statute/Program Regulations

https://www.dshs.texas.gov/environmental-lead-program/laws-rules-environmentallead-program

DSHS Consumer Protection Division dshs.texas.gov/business-compliance