



## TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

### LASER HAIR REMOVAL INDIVIDUAL NOTICE OF CHANGE AND DUPLICATE REQUEST

1. CERTIFIED INDIVIDUAL NAME – Provide your legal name as it appears on your current license in the spaces provided. (Last Name, First Name, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. LHR CERTIFICATE NUMBER – Provide your complete certificate number as it appears on your certificate
3. DATE OF BIRTH - Provide your birthdate.
4. SOCIAL SECURITY NUMBER – Provide your Social Security Number. Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).
5. DUPLICATE CERTIFICATE REQUEST - Provide the appropriate box. Non-refundable fee of \$25 required for a duplicate certificate.
6. NOTIFICATION OF CHANGE – Provide the appropriate box(es).
7. CHANGE MY NAME – Provide your new legal name in the spaces provided. You must submit a copy of the legal document approving or indicating your name change (ex; Government Issued ID, Court Petition for name change, Birth Certificate, Marriage Certificate or Divorce Decree).
8. CHANGE MY MAILING ADDRESS – Provide your new mailing address in the spaces provided. This is the address where we will send you mail. This address can be a PO Box.
9. CHANGE MY PHONE NUMBER – Provide your new phone number, including the area code.
10. CHANGE MY EMAIL ADDRESS – Provide your new email address. Please provide your email address so the department may email license information and required notices to you. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
11. STATEMENT OF CERTIFIED INDIVIDUAL – Sign and date your request form. Changes to your record cannot be made if your request is not signed.

#### SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#) or fax (512) 475-2871. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

#### TDLR Public Information Act Policy:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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**DUPLICATE LICENSE FEE: \$25.00 (FEE IS NON-REFUNDABLE)**

All information provided must be typed or printed in black ink

**1. Name:**

Last Name

First Name

Middle Name

Suffix

**2. LHR Certificate Number:**

**3. Date of Birth:**

**4. Social Security Number:**

Month/Day/Year

(See instruction sheet for disclosure)

### DUPLICATE CERTIFICATE REQUEST

**5. Duplicate Certificate Request** (check the box that applies)

Yes (\$25 fee required)

No

### NOTIFICATION OF CHANGE

**6. Notification of change:** (check the box that applies)

Name (supporting documents required, see instructions in item 7)

Contact information

**7. Change my name:**

Last Name

First Name

Middle Name

Suffix

**8. Change my mailing address:**

(P.O. Box, Number, Street Name/Apartment Number)

City

State

Zip Code

**9. Change my phone number:**

(Area Code) Phone Number

**10. Change my email address:**

Ex: [johnndoe@gmail.com](mailto:johnndoe@gmail.com) See instruction sheet for disclosure information

### 11. STATEMENT OF CERTIFIED INDIVIDUAL

I certify that I have read and will comply with all applicable laws and rules of the Laser Hair Removal Program including Health and Safety Code, Chapter 401, §§401.501-401.522; Occupations Code, Chapter 51; and administrative rules under 16 Texas Administrative Code, Chapters 60 and 118. I understand that providing false information on this application may result in denial of this application and/or revocation of the certification I am requesting and the possible imposition of administrative penalties.

Signature of Certified Individual

Date Signed