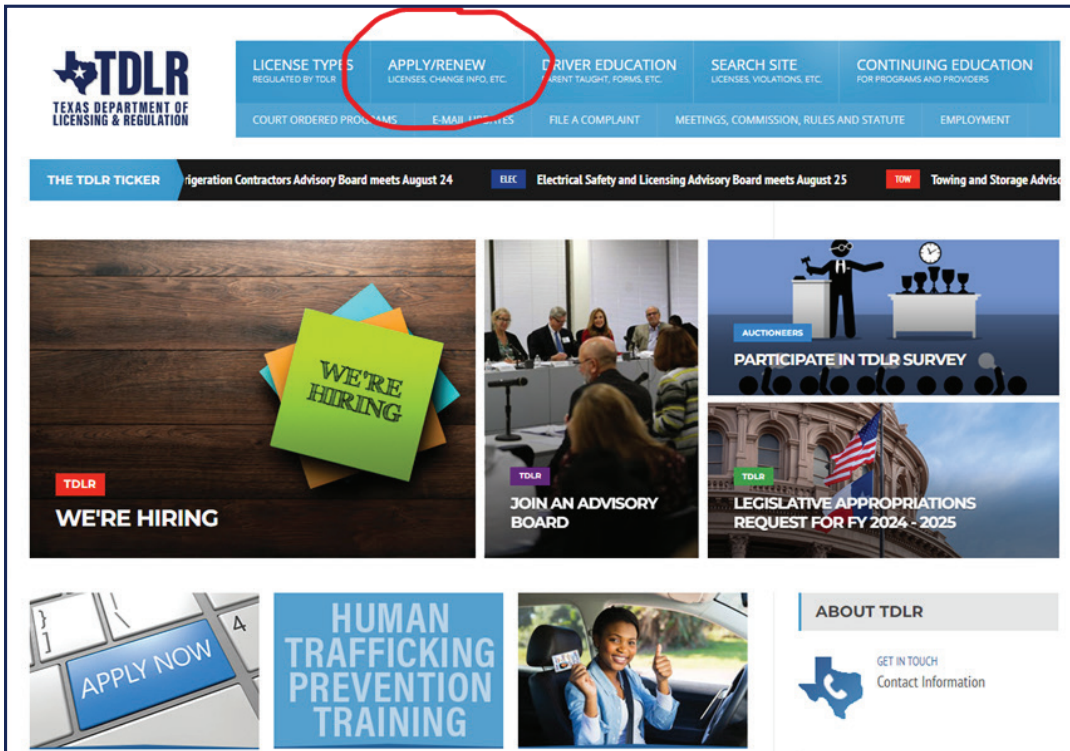
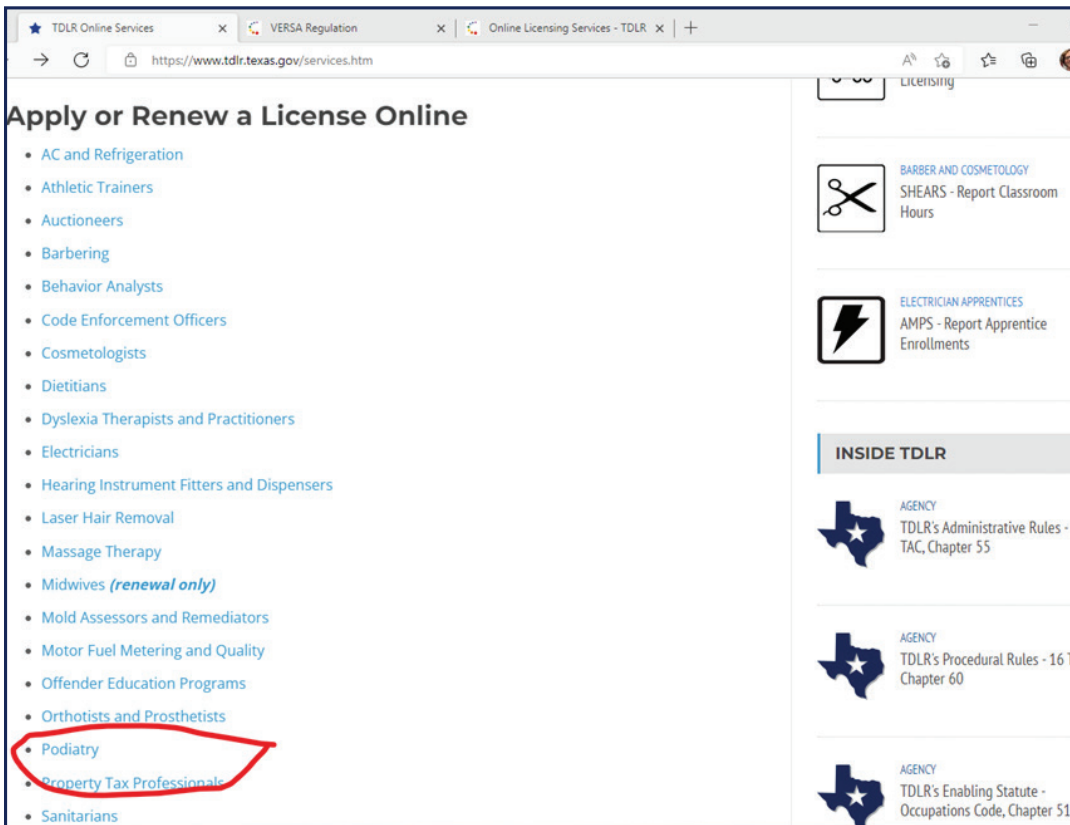


## How to Register as a New User for the New System Below is a step-by-step screen shot of the entire process:

Step 1: Go to our website: Click on Apply/Renew.



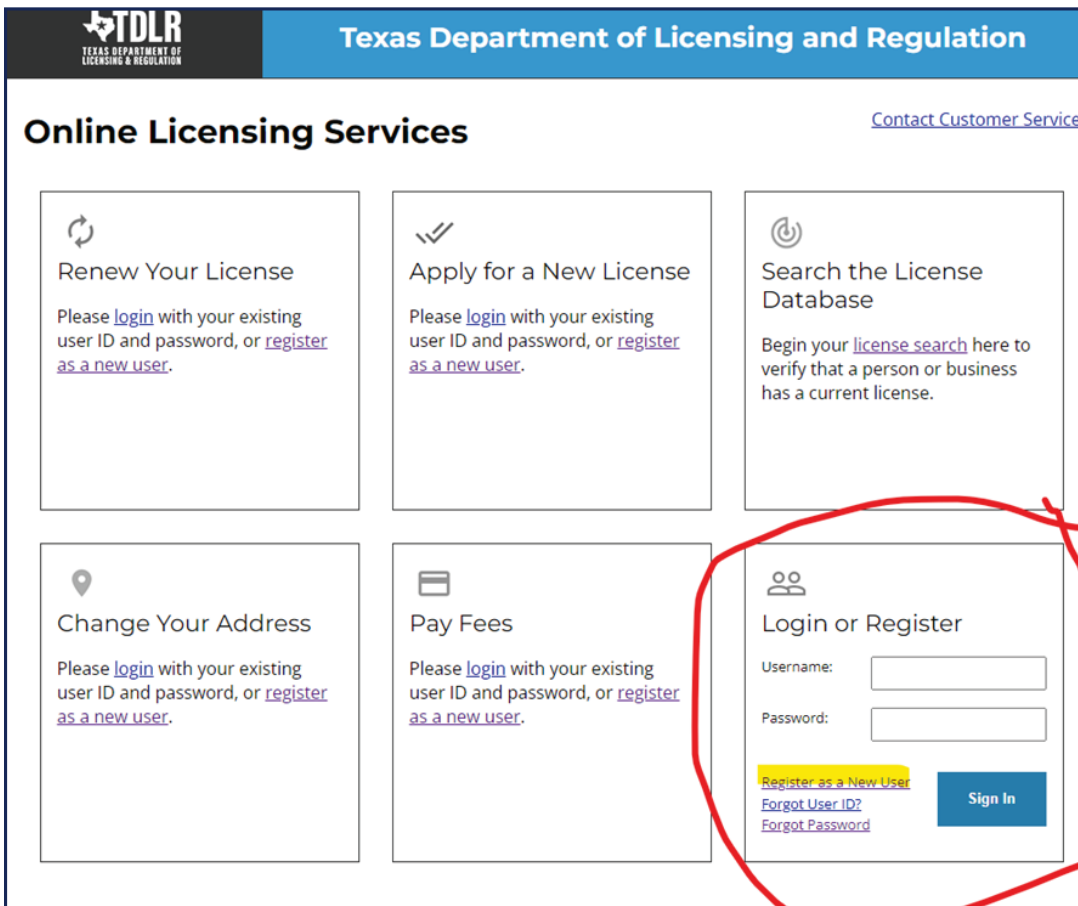
## Step 2: Click on Podiatry on the list.



The screenshot shows the TDLR Online Services website. On the left, under the heading "Apply or Renew a License Online", there is a list of professions. "Podiatry" is circled in red. On the right, there is a sidebar with a "Licensing" section containing icons and links for "BARBER AND COSMETOLOGY" (SHEARS - Report Classroom Hours) and "ELECTRICIAN APPRENTICES" (AMPS - Report Apprentice Enrollments). Below this is an "INSIDE TDLR" section with links to "AGENCY" rules and statutes.

- AC and Refrigeration
- Athletic Trainers
- Auctioneers
- Barbering
- Behavior Analysts
- Code Enforcement Officers
- Cosmetologists
- Dietitians
- Dyslexia Therapists and Practitioners
- Electricians
- Hearing Instrument Fitters and Dispensers
- Laser Hair Removal
- Massage Therapy
- Midwives (*renewal only*)
- Mold Assessors and Remediators
- Motor Fuel Metering and Quality
- Offender Education Programs
- Orthotists and Prosthetists
- **Podiatry**
- Property Tax Professionals
- Sanitarians

## Step 3: Click on the Register as a New User link. Set up a New User Account.



The screenshot shows the Texas Department of Licensing and Regulation (TDLR) Online Licensing Services page. The page has a blue header with the TDLR logo and the text "Texas Department of Licensing and Regulation". Below the header, there is a section titled "Online Licensing Services" with a link to "Contact Customer Service". There are six service boxes arranged in a 2x3 grid. The "Login or Register" box in the bottom right is circled in red. It contains fields for "Username:" and "Password:", a "Sign In" button, and links for "Register as a New User", "Forgot User ID?", and "Forgot Password?".


**Online Licensing Services**

[Contact Customer Service](#)

- Renew Your License**  
Please [login](#) with your existing user ID and password, or [register as a new user](#).
- Apply for a New License**  
Please [login](#) with your existing user ID and password, or [register as a new user](#).
- Search the License Database**  
Begin your [license search](#) here to verify that a person or business has a current license.
- Change Your Address**  
Please [login](#) with your existing user ID and password, or [register as a new user](#).
- Pay Fees**  
Please [login](#) with your existing user ID and password, or [register as a new user](#).
- Login or Register**  
Username:   
Password:   
[Register as a New User](#) [Forgot User ID?](#) [Forgot Password](#) [Sign In](#)



## Step 4: Fill out your information.



TEXAS DEPARTMENT OF LICENSING & REGULATION

Return to the Main Menu

### 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:

\*

Secret Answer:

#### Third Party Payer


Accept payment requests from third parties? [\(what's this?\)](#) ☐

#### Security Measures (This helps to prevent automated registrations.)

\*


I'm not a robot:

☐ I'm not a robot

  
reCAPTCHA  
Privacy - Terms

Next

Cancel



TEXAS DEPARTMENT OF LICENSING & REGULATION

Return to the Main Menu

### 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:

\*

Secret Answer:

#### Third Party Payer


Accept payment requests from third parties? [\(what's this?\)](#) ☒

#### Security Measures (This helps to prevent automated registrations.)

\*

I'm not a robot:

☒ I'm not a robot

  
reCAPTCHA  
Privacy - Terms

Next

Cancel



## Step 5: Confirm and edit your information, if needed, before hitting “Save.”


TEXAS DEPARTMENT OF LICENSING & REGULATION

[Return to the Main Menu](#)

**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:	Steve
Second Name:	
Last Name:	Testerfour
Email:	versatest3@yahoo.com
Userid:	versatest3@yahoo.com
Secret Question:	Where were you born?
Secret Answer:	Jupiter
Third Party Payer:	Yes

[Save](#) [Edit](#) [Cancel](#)

TEXAS DEPARTMENT OF LICENSING & REGULATION

[Return to the Main Menu](#)


**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:	Steve
Second Name:	Uecker
Last Name:	Tester
Email:	chocolatethundear@yahoo.com
Userid:	chocolatethundear@yahoo.com
Secret Question:	What street did you grow up on?
Secret Answer:	Sesame
Third Party Payer:	Yes

[Save](#) [Edit](#) [Cancel](#)

[Department of Licensing and Regulation](#)  
The Texas Department of Licensing and Regulation certifies that it maintains the information for the license verification function of this website, performs daily updates to the information and considers the website to be a secure, primary source for license verification.  
Last Updated Jan 01, 2017

## Step 6: You will receive notification of your temporary password for the account. This can be found at the email address you supplied.

TEXAS DEPARTMENT OF LICENSING & REGULATION

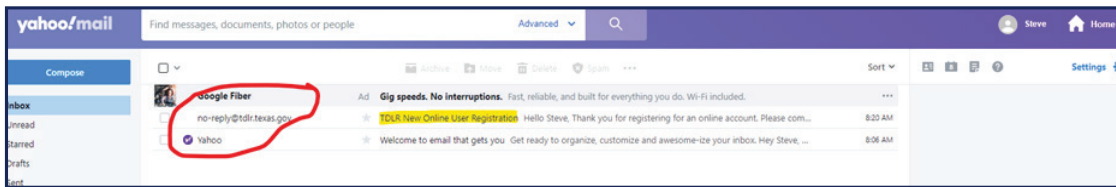
[Return to the Main Menu](#)

**User Registration - Temporary Password Issued**  
A temporary password has been issued and sent to you via e-mail with the instructions on how to proceed. Read this e-mail and follow the instructions.

[Return](#)

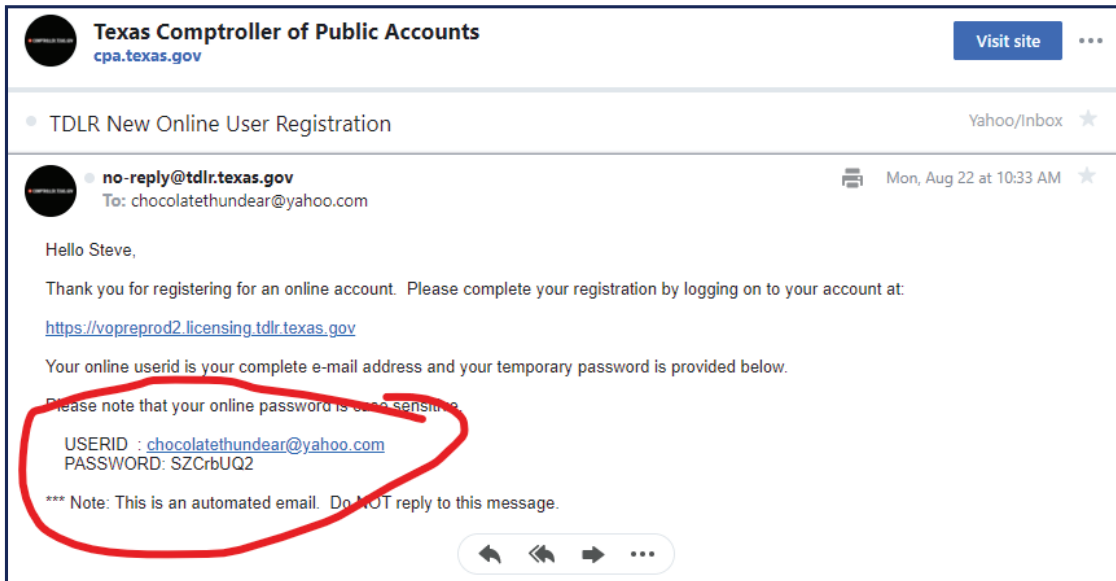


## Step 7: The email will be from TDLR.

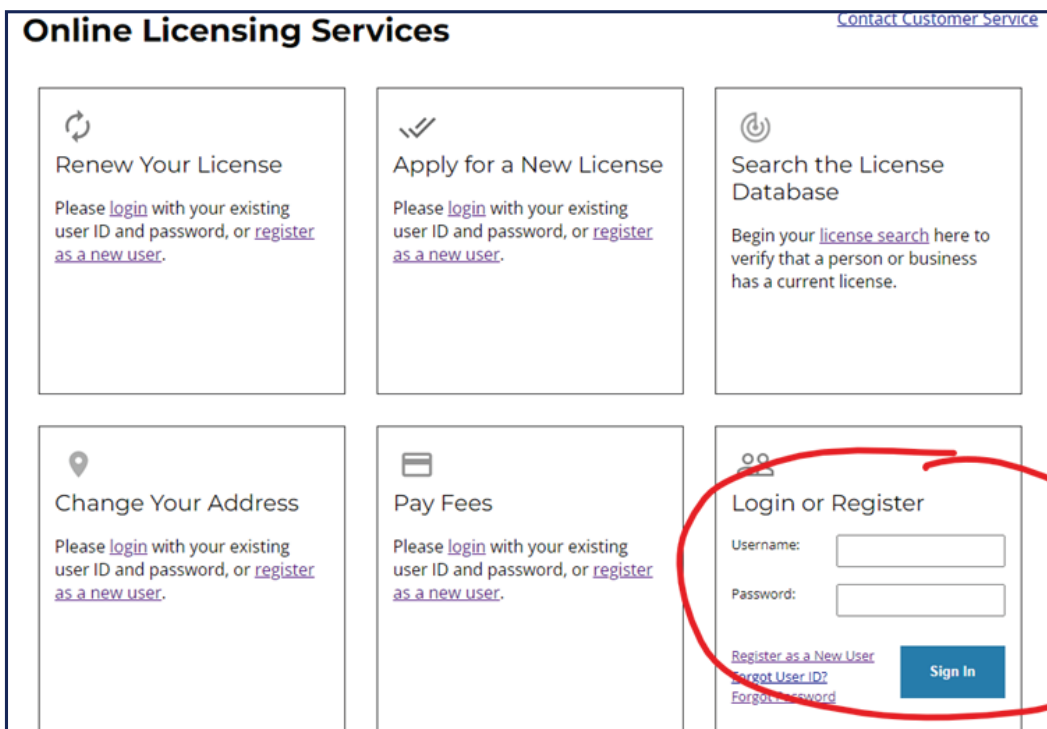


## Step 8: You are issued a password. Now you have a User Account. Open the email. If it is not there, check your spam folder.

## Step 9: Copy the temporary password.



## Step 10: Enter your New User Account ID and paste the temporary password.





**Step 11: Paste the temporary password again and create your own password and confirm it.**

**TDLR**  
TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as **Tester, Steve Uecker** [Logoff](#)

### 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](#)

**Step 12: Congrats! You should not have to do that part again for a long time. You can now link your User Account to your License. Click "Add Licenses to Registration."**

**TDLR**  
TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as **Tester2, Steve** [Update Profile](#) | [Logoff](#)

### 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

☒ **Apply for a New License**  
What are you applying for?  
<Choose Program>   
<Choose Application>  [Select](#)

☒ **Additional Activities**  
[Add Licenses To Registration](#) [Select](#)

**Step 13: You will now add your License to this User Account. You are a Licensee: Click "Yes."**

**TDLR**  
TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as **Tester, Steve Uecker** [Update Profile](#) | [Logoff](#)

### Add Licenses To Registration

Step1: Have You Done Business with Us? Step2: Provide Identifying Information

**Welcome to OnlineQuickStart**  
By answering a few simple questions we'll help you to get started

**Step 1**  
Select "Yes" for:  
• Current license or permit holder adding a license or permit to their account.  
• Late renewal.

Select "No" for:  
• Password change.

☒ **Yes** [How do I know?](#)

☐ **No**

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



## Step 14: Choose your Board and License type:

- Podiatric Medical Examiners Advisory Board and Doctor of Podiatric Medicine

**TDLR**  
TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as **Tester2, Steve**  
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### Add Licenses To Registration - Select License Type

Step1: Have You Done Business with Us?      Step2: Provide Identifying Information

Welcome to OnlineQuickStart  
Choose the license you hold

**Step 1**  
Which board/program issues your license?

Board/Program: Podiatric Medical Examiners Advisory Board

License Type: Doctor of Podiatric Medicine

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

## Step 15: Enter your Name, SSN, and DOB.

**TDLR**  
TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as **Tester2, Steve**  
[Update Profile](#) | [Logoff](#)

### Add Licenses To Registration - Validation

Step1: Have You Done Business with Us?      Step2: Provide Identifying Information

Help us to find your records

**Step 2**  
Please provide your credentials

Required Information

License Type: Doctor of Podiatric Medicine

Last Name:

SSN:  All nine (9) digits of SSN. no hyphens, no spaces

SSN (confirm):  All nine (9) digits of SSN. no hyphens, no spaces

Date Of Birth:  (mm/dd/yyyy)

SSN must be 9 numeric characters long

Security Measures (This helps to prevent automated registrations.)



**Step 16: Then the system will find your License. You confirm that it's yours.**

**TDLR**  
TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as **Tester2, Steve**  
[Update Profile](#) | [Logoff](#)

**Add Licenses To Registration - Preview**

Step1: Have You Done Business with Us?      Step2: Provide Identifying Information

**Good News! We have located your information**

**Step 3**  
Please confirm your license credentials. If your license is available for renewal, address change, or billing fee, your license will be listed under these options on the Quick Start Menu.

Indiv / Org Number: 11908913  
Name: [REDACTED]

License Type	License Number
Doctor of Podiatric Medicine Hyperbaric Oxygen Permit	[REDACTED]

Select One:

☒ I confirm this is my information  
☐ No this is not my License information

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

**Step 17: Now your User Account and License are linked. It will now find all your Licenses with us and prompt you to renew. Select “Renew DPM as Active.”**  
**The system also found the old Residency License in this example.**

**TDLR**  
TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as **Uecker, Steve**  
[Update Profile](#) | [Logoff](#)

**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.

**It is time to Renew!**  
Doctor of Podiatric Medicine [REDACTED] **Renew DPM as Active** [Select](#)

**Manage your license information**  
Doctor of Podiatric Medicine [REDACTED] [<Choose Application>](#) [Select](#)

**Apply for a New License**

**License Information** [Show Details](#)  
Name: [REDACTED]  
License Number: [REDACTED]  
License Type: **Doctor of Podiatric Medicine**

**License Information** [Show Details](#)  
Name: [REDACTED]  
License Number: [REDACTED]  
License Type: **Texas Temporary DPM Resident Year One**






**Step 18: Introduction to the Renewal DPM page.**  
Each requirement is listed on the left, just click to get to the next screen.

**Step 19: Select Attributes:**  
The attribute in this case is military service.  
The greyed-out boxes show your current status.  
If you or your spouse is in the military, select the appropriate box.  
If not, leave it blank.

Attribute Type:	Military Status	Request To Add
Attributes:	Current License Attribute(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Military Service Member
<input type="checkbox"/>	<input type="checkbox"/>	Military Spouse
<input type="checkbox"/>	<input type="checkbox"/>	Military Veteran



## Step 20: Enter your title (Dr.).



TEXAS DEPARTMENT OF  
LICENSING & REGULATION

Doctor of Podiatric Medicine 1869

TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as Tester2, Steve  
[Update Profile](#) | [Logout](#)

Introduction

Select Attributes

**Name and Personal Details**

Contact Information

Convictions or Malpractice

HTP Course

CME

Attachments

Application Summary

Renew DPM as Active - Name and Personal Details

You must be at least 18 years old to obtain a license.  
Enter your personal details and press "Next" to continue.  
  
Press "Previous" to return to the previous section.  
  
Press "Cancel" to cancel this application and return to the main menu.  
If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

Title:Dr.

First Name:

Second Name:

Last Name:

Suffix:

Social Security Number:\*\*\*\*\*

Birthdate: (mm/dd/yyyy)

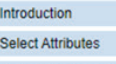
Gender:

Previous

Next

Cancel

## Step 21: Your address information should automatically populate. Check and add any additional addresses such as "Office" or "Home."



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Doctor of Podiatric Medicine 1869

TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as Tester2, Steve  
[Update Profile](#) | [Logout](#)

Introduction

Select Attributes

Name and Personal Details

**Contact Information**

Convictions or Malpractice

HTP Course

CME

Attachments

Application Summary

Renew DPM as Active - Contact 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 Delete Button is available. Press "Delete" to delete the address.  
If Copy Button is available. Press "Copy" to copy a previously entered address.  
Press "Zip Lookup" after entering the zip code to populate the U.S. city, state and county.  
Select an address type and press "Add" to add a new address.

Mailing Address

Street Number:920

Street Name:Colorado St

Address (cont'd):

Zip Code:78701-2332

Zip Lookup

City:AUSTIN

State:Texas

Country:United States

Phone Number:512-663-8019000-000-0000

Extension:

E-mail:Steve.uecker@tdlr.texas.gov

Add Another Contact

Contact Type:

Add

Previous

Next

Cancel



## Step 22: Update any Criminal History if needed.

You may download, fill out, and upload the document in this renewal.

**TDLR**  
TEXAS DEPARTMENT OF LICENSING & REGULATION

Doctor of Podiatric Medicine 1869

Logged in as Tester2, Steve

[Update Profile](#) | [Logout](#)

Introduction  
Select Attributes  
Name and Personal Details  
Contact Information  
Convictions or Malpractice  
HTP Course  
CME  
Attachments  
Application Summary

Renew DPM as Active - Convictions or Malpractice

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.

**Renewal Questions**

Please provide a response to the following questions.

Since your most recent license was issued or renewed, have you been convicted of, or placed on deferred adjudication for any felony or misdemeanor other than a minor traffic violation? ☒ No ☐ Yes

If Yes, complete and submit the [Criminal History Questionnaire \(PDF\)](#) using the Attachments screen.

Since your most recent license was issued or renewed, have you been sued for medical malpractice or other private civil action alleging medical malpractice? ☒ No ☐ Yes

If Yes, please provide full details of the matters in an attachment to this application. Include case, title, cause number, date filed and court.

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

## Step 23: Human Trafficking PRevention (HTP) training must be completed prior to renewal.

If you have not, you can click on the link or go to our HTP webpage.

There are several free courses available. Human Trafficking Prevention Training.

(<https://www.tdlr.texas.gov/humantraffickingtraining.htm>)

**TDLR**  
TEXAS DEPARTMENT OF LICENSING & REGULATION

Doctor of Podiatric Medicine 1869

Logged in as Tester2, Steve

[Update Profile](#) | [Logout](#)

Introduction  
Select Attributes  
Name and Personal Details  
Contact Information  
Convictions or Malpractice  
HTP Course  
CME  
Attachments  
Application Summary

Renew DPM as Active - HTP Course

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.

**Human Trafficking Training**

By law you are required to complete a Human Trafficking Prevention Training course approved by HHSC for licenses renewing on or after September 1, 2020. You must complete your course before you can submit your renewal application. Once you complete the course, you can log back in and continue with the renewal application.

At least one Human Trafficking Prevention Training course is offered for free. Go to the [TDLR Human Trafficking Prevention Training for Health Care Practitioners](#) page, where you can find more information and a link to the training course.

\*Please note that you may be asked to provide proof of completing an approved course and should retain your course completion documentation.

Have you completed the required Human Trafficking Prevention Training Course? ☒ Yes ☐ No

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



## Step 24: Answer the CME questions.

**TDLR**  
TEXAS DEPARTMENT OF LICENSING & REGULATION  
Doctor of Podiatric Medicine 1869

Logged in as **Tester2, Steve**  
[Update Profile](#) | [Logoff](#)

**Renew DPM as Active - CME**

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.

**CME Question**

Did you complete the required 50 CME hours to renew this license? ☐ No ☒ Yes

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

## Step 25: Next is the Attachments page. If you had a change in your Criminal History, upload the form. If not, then there is nothing to upload. Click "Next."

**TDLR**  
TEXAS DEPARTMENT OF LICENSING & REGULATION  
Doctor of Podiatric Medicine 1869

Logged in as **Tester2, Steve**  
[Update Profile](#) | [Logoff](#)

**Renew DPM as Active - Attachments**

If you responded Yes to the "conviction" question, you need to provide a [Criminal History Questionnaire \(PDF\)](#) using this screen.  
If you responded Yes to the "malpractice" question, you need to provide full details of the matter using this screen.  
Locate a file with the "Choose File" button and press "Attach" or "Remove" as is required.  
Press "Next" when there are no more files to attach.  
Press "Previous" to return to the previous screen.  
Press "Cancel" to cancel this application and return to the main menu.

File Name:  No file chosen

Notes:

To upload a document, use the "Choose File" button to locate the document on your computer. Once you find the document(s) you want to add, press "Attach" for each one.  
For applications requiring an official transcript from your university or college, please use [cs.transcript@tdlr.texas.gov](mailto:cs.transcript@tdlr.texas.gov) when ordering from your university's transcript ordering service provider.  
Press "Next" when you have no more documents to attach.

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



**Step 26: This is the Application Summary page. It will show all your responses to the questions in the renewal. If you need to change them, you can edit the responses. If they are correct, hit “Submit.”**

**Application Summary**

**Application**  
 License Type: Doctor of Podiatric Medicine  
 Application Date: 09/09/2022

**Personal Details**  
 Full Name: Dr. JULIE KAI LESTER  
 Social Security Number: \*\*\*\*\*  
 Birthdate: 10/16/1977 Gender: Female [Edit](#)

**General Addresses**  
 Mailing Address: 920 Colorado St  
 AUSTIN, Texas  
 78701-2332  
 US  
 Phone Number: 512-663-8019  
 E-mail: Steve.uecker@tdlr.texas.gov [Edit](#)

**Renewal Questions** [Edit](#)  
 Since your most recent license was issued or renewed, have you been convicted of, or placed on deferred adjudication for any felony or misdemeanor other than a minor traffic violation? No  
 Since your most recent license was issued or renewed, have you been sued for medical malpractice or other private civil action alleging medical malpractice? No

**Human Trafficking Training** [Edit](#)  
 Have you completed the required Human Trafficking Prevention Training Course? Yes

**CME Question** [Edit](#)  
 Did you complete the required 50 CME hours to renew this license? Yes

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

**Step 27: Now it is time to pay. Click on the fee and the method you choose to pay by.**

**TEXAS DEPARTMENT OF LICENSING & REGULATION**

Doctor of Podiatric Medicine 1869 Logged in as Tester2, Steve  
[Update Profile](#) | [Logoff](#)

**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
161	Renew DPM as Active	██████	Doctor of Podiatric Medicine	██████████	\$700.00 <input checked="" type="checkbox"/>

Payment Method  
☒ Credit Card  
☐ Electronic Check

[Next](#) [Show Fee Details](#) [Main Menu](#)





**Step 28: The system confirms your method of payment. In this case, credit card.**

**Confirm Payment Details**

If more than one payment method is listed, first select payment method and then press "Next" to pay for these applications.  
Press "Cancel" if you do not wish to continue with the payment.

Application Number	Description	License Number	License Type	Applicant Name	Fee
161	Renew DPM as Active	[REDACTED]	Doctor of Podiatric Medicine	[REDACTED]	\$700.00
Total					\$700.00

Payment Method: Credit Card

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

**Step 29: There are two payment screens, just like many other online transactions. Enter your information on each one.**

**Payment**

Payment Type ✓

**Credit/Debit Card**

**Customer Information**

Country \* Complete all required fields [ \* ]  
 United States

First Name \*  Last Name \*

Address \*

Address 2

City \*  State \* Select State

**Transaction Summary**

TDLR Health Professional	\$700.00
Texas.gov Price	\$700.00

**Need Help?**  
Please complete the Customer Information Section





## Step 30: Enter your Credit Card information.

**Address**  
Steve Uecker  
920  
Colorado St  
AUSTIN, TX 78701-2332

**Phone Number**  
15126638019

**Country**  
United States

**Email Address**  
Steve.uecker@tdlr.texas.gov

**Transaction Summary**

TDLR Health Professional	\$700.00
<b>Texas.gov Price</b>	<b>\$700.00</b>





**Need Help?**

You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information.

**Payment Information**

Complete all required fields [ \* ]

**Credit Card Number \***

**Credit Card Type**  
   

**Expiration Month \***  
01 - January

**Expiration Year \***  
Select a Year

**Security Code \***

**Name on Credit Card \***

## Step 31: Confirm again that you are not a robot, and the information is correct, and hit "Submit."

**Address**  
Steve Uecker  
920  
Colorado St  
AUSTIN, TX 78701-2332

**Phone Number**  
15126638019

**Country**  
United States

**Email Address**  
Steve.uecker@tdlr.texas.gov

**Transaction Summary**

TDLR Health Professional	\$700.00
<b>Texas.gov Price</b>	<b>\$700.00</b>

**Need Help?**

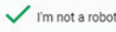

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment. You will receive a printable receipt at the end of your successful payment transaction.

**Payment Information**

**Credit Card**  
Visa \*\*\*\*1111  
Exp. 01/2025


**Name on Credit Card**  
DR. Steve T. Tester

**Verification**



**Step 32: A screen will come up showing a successful transaction. You can view, save, and print the PDF receipt by clicking on the “View PDF Online Summary Report” tab.**



**TEXAS DEPARTMENT OF LICENSING & REGULATION**  
Doctor of Podiatric Medicine 1869

**TEXAS DEPARTMENT OF LICENSING & REGULATION**

Logged in as **Tester2, Steve**  
[Update Profile](#) | [Logoff](#)


**Online Application Payment Success**

Press "Main Menu" to return to the main menu.  
Press "View PDF Summary" and print this page for your records using the print function of your browser.


Thank you. Your online payment was processed successfully. Please print this page or record the authorization and trace numbers for future reference.

Amount Paid: \$700.00  
Authorization Number: OK3334  
Trace Number: 452RG878978PPD

Application Number	Description	Applicant Name	Fee
2001-161	Renew DPM as Active	[REDACTED]	\$700.00

[Next](#)
[View PDF Online Payment Summary Report](#)


**Step 33: Below is an example of the PDF:**



**Licensing and Regulation**  
**Podiatric Medical Examiners Advisory**  
**Online Payment**

Amount Paid: 700.00  
Authorization Number: OK3334  
Batch Trace Number: 452RG878978PPD  
Payment Date: 09-Sep-22 5:30 PM  
Payor Name: [REDACTED]

Your application summary will be emailed to the email address provided.

Application Number	Description	Applicant Name	Fee Trace Number
2001-161	Renew DPM as Active	[REDACTED]	700.00 452RG878978PP




**Step 34: You will also immediately receive an email confirmation of the transaction to the address that you entered when you registered the account.**

File Message Help Tell me what you want to do

Delete Archive Move Reply Reply All Forward POD - RPM... Mark Unread

**Texas.gov TDLR Health Receipt**

 noreply@tdlr.texas.gov  
To  
Retention Policy TDLR - 1 Year Delete (1 year)  
[If there are problems with how this message is displayed, click here to view it in a web browser.](#)

**Payment Receipt Confirmation**  
Your payment was successfully processed. You may print this receipt page for your records by selecting Print. To complete the transaction, you MUST click the TDLR web site.

**Transaction Summary**

Description	Amount
TDLR Health Professional	\$700.00
Texas.gov Price	\$700.00

**Customer Information**  
Customer Name Steve Uecker  
Local Reference ID 452RG878978PPD  
Receipt Date 9/9/2022  
Receipt Time 05:30:53 PM CDT

**Payment Information**  
Payment Type Credit Card  
Credit Card Type VISA  
Credit Card Number \*\*\*\*\*1111  
Order ID 65203758  
Billing Name DR. Steve T. Tester

**Billing Information**  
Billing Address 920  
Colorado St  
Billing City, State AUSTIN, TX  
ZIP/Postal Code 78701-2332  
Country US  
Phone Number 15126638019  
This receipt has been emailed to the address below.  
Email Address [Steve.uecker@tdlr.texas.gov](mailto:Steve.uecker@tdlr.texas.gov)

**Step 35: Congratulations! You are renewed and have a User Account for future use. You can use it to update and change License information and apply for different Licenses or Permits.**

