



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

ZZ105-001

FOR AGENCY USE ONLY

FILE NO. _____
 APP. NO. _____

REGISTRATION APPLICATION FOR LASER HAIR REMOVAL FACILITY

Complete ALL ITEMS on the application including required signatures and equipment inventory on page 2. For further questions, contact the RSLB at (512)834-6688, ext. 2225. Upon approval of the application, the applicant will receive a Certificate of Registration.

For new and renewal registrations, mail application and fees to Mail Code 2003, P.O. Box 149347, Austin Texas, 78714-9347. All other actions should use the address at the top of the application.

1a. Legal name of facility: 1b. Mailing address:	2. Physical address:										
3. Type of action: (Check all that apply) <input type="checkbox"/> New Registration* <input type="checkbox"/> Renewal of Registration No.* ZF _____ <input type="checkbox"/> Amendment to Registration No. ZF _____ <input type="checkbox"/> Name Change* <input type="checkbox"/> LSO Change** <input type="checkbox"/> Address Change <input type="checkbox"/> LHR Professional Change** *Submit Business Information Form (RC 226-1). **Submit appropriate qualifications.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding: 5px;">4. Telephone No.:</td> <td style="width: 50%; border-bottom: 1px solid black; padding: 5px;">5. Fax No.:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">6a. Laser Safety Officer (LSO):</td> </tr> <tr> <td colspan="2" style="padding: 5px;">6b. LSO E-mail address:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">7a. LHR Professional:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">7b. LHR Professional E-mail address:</td> </tr> </table>	4. Telephone No.:	5. Fax No.:	6a. Laser Safety Officer (LSO):		6b. LSO E-mail address:		7a. LHR Professional:		7b. LHR Professional E-mail address:	
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6a. Laser Safety Officer (LSO):											
6b. LSO E-mail address:											
7a. LHR Professional:											
7b. LHR Professional E-mail address:											

In addition to submitting this completed application each applicant is required to submit a copy of a written contract, to include signatures, with a consulting physician in accordance with TAC §289.302(i)(13).

8. I hereby accept the responsibilities of Laser Safety Officer as outlined in 25 Texas Administrative Code §289.302(o). (Submit qualifications to include education, training and/or experience for new registrations or LSO change required by §289.302(n).)

 Signature of Laser Safety Officer Date Type or Print Name and Title

9. I hereby accept the responsibilities of LHR Professional as outlined in 25 Texas Administrative Code §289.302(q). (Submit LHR Professional certificate provided by the RSLB for new registrations or LHR Professional change.)

 Signature of LHR Professional Date Type or Print Name and Title

10. 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 certificate of registration. All information I have provided on this application is true, correct, and complete to the best of my knowledge.

 Signature of Operator Date Type or Print Name and Title

 Signature of LSO
 (if LSO is someone other than the operator) Date Type or Print Name and Title

PRIVACY NOTIFICATION: If you are applying as an individual, 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 552.021, 552.023, 559.003 and 559.004).

Check (✓) the appropriate laser class box(es) and indicate the **total** number of laser machines of each class you possess at your facility. If you are amending a registration, list the **total** number of machines at your facility incorporating the changes of equipment within the new total.

<input checked="" type="checkbox"/>	Laser Class	Total No. of Lasers
<input type="checkbox"/>	IIIb	
<input type="checkbox"/>	IV	
<input type="checkbox"/>	Intensed Pulse Light	