

USER GUIDE FOR:

**BODY PIERCING STUDIO – 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 2
- Additional Information..... 2

Initial License Application 3

- Getting Started 3
- Change your DSHS online Password..... 6
- Initial Onboarding required information 7
- Apply for your License..... 8
- Pay for your License18
- Application Status22
- Resources.....23

Last revised: 5/15/2024

Introduction

Purpose

This user guide is to assist clients in applying for an Initial Body Piercing Studio program license. It will guide you through the payment of the fee, and how to apply online

Definitions

- **Zoning Letter** – or also known as municipal **zoning letter** is a legal document which informs commercial property owners, lenders and prospective buyers of zoning laws related to the particular property in question. Typically issued by a city.
- **VERSA Online** – is the client portal under DSHS Regulatory Online Licensing Services. Where clients can create an online account to start their online application for their licenses.
- **FEIN** – Federal Employee Identification number issued by the Internal Revenue Service.

Overview

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

You can find more information about the Tattoo and Body piercing license on our website: [Tattoo and Body Piercing Studios | Texas DSHS](#)

Requirements

- In Texas we license the studio only.
- Verification Zoning letter – can be obtain from your local city or county zoning and planning office.
- Driver's license of the studio owner.
- Physical location of the studio must be indicated in the zoning letter, unless the city or county does not have zoning regulation.
- If the location is out of city limits or does not require zoning, please provide a documentation from your local City or County zoning & planning office for proof.

- If you Fail to provide these requirements, we will place your license application in Deficiency mode. You will be notified via email for 1st notice and a letter for the final notice.

Rules about Refunds and Credits

All Licensing fees are non-refundable.

Additional Information

Each studio must publicly display their Body Piercing license with the registered physical while conducting business.

Quick links to DSHS Body Piercing Studio website:

- [Tattoo and Body Piercing Studios | Texas DSHS](#)
- [Licensing Requirements - Tattoo and Body Piercing Studios | Texas DSHS](#)
- [Laws and Rules - Tattoo and Body Piercing Studios | Texas DSHS](#)
- [Frequently Asked Questions about Getting a Tattoo or Body Piercing | Texas DSHS](#)
- [Contact Information - Tattoo and Body Piercing Studios | Texas DSHS](#)

Initial License Application

Getting Started

Required Document Checklist:

<input type="checkbox"/>	Physical location for the studio/salon
<input type="checkbox"/>	Zoning Letter or proof of no zoning requirement
<input type="checkbox"/>	Driver License of the Studio owner(s)
<input type="checkbox"/>	SSN of the Studio owner if sole proprietor
<input type="checkbox"/>	FEIN if not a sole proprietor

Create your Online Licensing Services Account

- New Users must create a new online account thru our DSHS Online Licensing Services website <https://vo.ras.dshs.state.tx.us/> and click on Register as a New User hyperlink

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Online Licensing Services | Help & Support | Contact Us

Check License Status or Search for a License
It is not necessary to register or login to view or search for a license or certification. Begin your [license search](#) here to verify that a license holder has a current license with the Department of State Health Services. You can search by name, license type, city or county.

Apply for a New License
To apply for an initial license, please see the [Online Licensing Eligibility](#) page to check if your license type is supported before you [register as a new user](#). If you have previously registered using this system, it is not necessary to create another user registration to apply for a new license.

Renew Your License
To renew an existing license, please verify that your license type is [eligible for online renewal](#). Once you have confirmed that your license may be renewed online, please login with your existing user ID and password, or [register as a new user](#).

Asbestos Notifications
It is not necessary to login to view asbestos notifications. [Search for a notification](#) by project location, date, name or notification number. If you wish to submit/amend an asbestos notification, you may [register as a new user](#) if you have not previously registered using this system.

Lead Notifications
It is not necessary to login to view lead notifications. [Search for a lead notification](#) by project location, date, name or notification number. If you wish to submit/amend a lead notification, you may [register as a new user](#) if you have not previously registered using this system.

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](#)

[Contact Us](#) | [Compact with Texans](#) | [File Viewing Info](#) | [Internet Policy](#)
[Statewide Search](#) | [Homeland Security](#) | [Texas.gov](#)

- Fill in the required information with a red asterisk (*)
 - Create a unique User ID or use the email address as user ID
 - Make sure to select a memorable secret question
- Skip Third Party Payer & complete the captcha question then click 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



reCAPTCHA
Privacy - Terms

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 Last Updated Mar 27 2013

- The next screen is the preview registration information. You can click Edit to modify details if needed then Save to continue.

Preview Registration

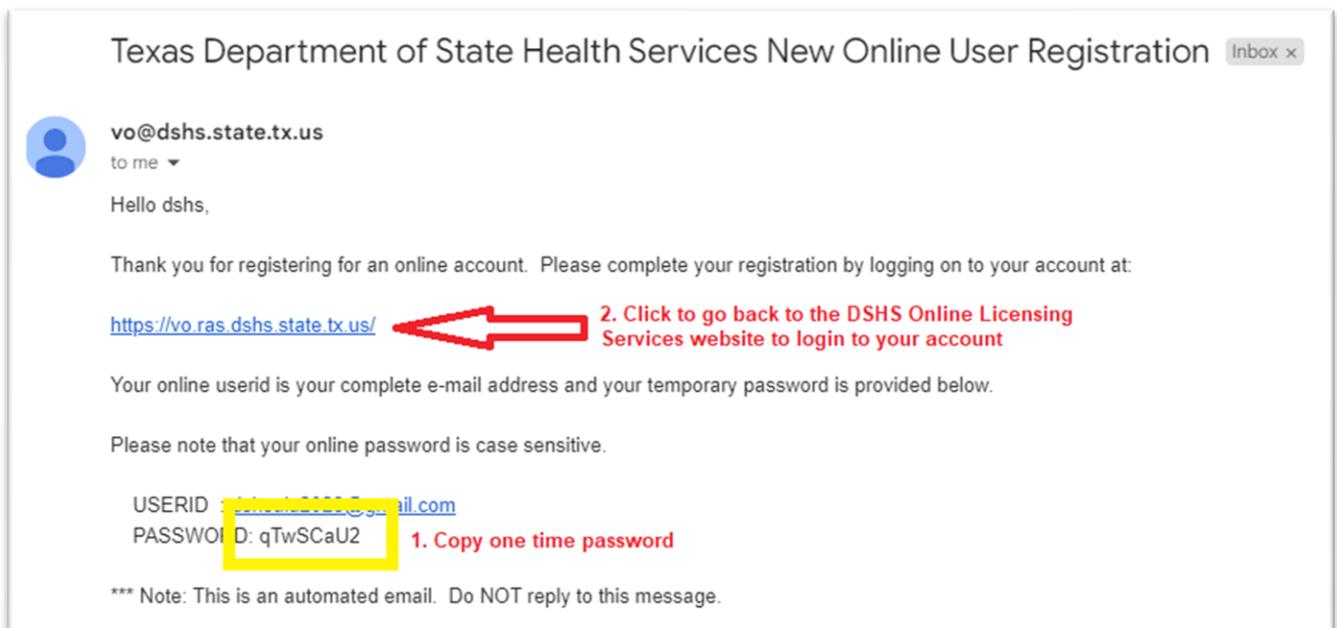
Press "Save" to save the registration.
 Press "Edit" to modify your registration details.
 Press "Cancel" to cancel this registration and return to the main menu.

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

Save
Edit
Cancel

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Last Updated Mar 27, 2013

- 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.

The screenshot shows a login interface with two main sections: "Returning User" and "New User".

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 and click save once completed.

The screenshot shows the "Update Default Registration Information" page within the Texas Department of State Health Services portal.

TEXAS Health and Human Services | Texas Department of State Health Services

[Contact your licensing board or program](#) | [Internet Policy](#)
Logged in as **Example, Example**
[Logoff](#) [Contact Us](#)

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:

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Initial Onboarding required information

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

The screenshot shows the initial onboarding page for the Texas Department of State Health Services. The page header includes the Texas Health and Human Services logo and the text "Texas Department of State Health Services". Navigation links include "Main Menu", "Update Profile", "Logoff", and "Contact Us". The main content area is titled "Initial Onboarding - Linking to Existing Licenses" and contains instructions for users. Below the instructions is a section for "Individual Licensess information" with input fields for Last Name, SSN, SSN (confirm), and Date Of Birth. A "Security Measures" section includes a reCAPTCHA "I'm not a robot" checkbox. A "Next" button is located at the bottom right of the form area. The footer contains links for "DSHS Certifications, Licenses and Permits | Disclaimer" and the date "Last Updated Mar 27, 2013".

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Health and Human Services | Texas Department of State Health Services

[Contact your licensing board or program](#) | [Internet Policy](#)
Logged in as *Example, Example*

[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 complete your onboarding process

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

Individual Licensess information

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

Security Measures (This helps to prevent automated registrations.)

- Type the characters from the picture below (without spaces): I'm not a robot  reCAPTCHA Privacy - Terms

[Next](#)

[DSHS Certifications, Licenses and Permits](#) | [Disclaimer](#)
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Apply for your License

To start the Initial Application:

- Choose Board “Tattoo & Body Piercing Studios Program”
- Then, choose Application type “Initial Body Piercing Studio Permit”
- Then click select

TEXAS Health and Human Services | Texas Department of State Health Services

Contact your licensing board or program | Internet Policy
Logged in as Example, Example
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. 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?
Tattoo & Body Piercing Studios Program
Initial Tattoo Studio Permit
Select

- Read the Introduction page. Please be mindful that all license fees are non-refundable, and a zoning verification letter is required. Click next to proceed.

Introduction	Initial Tattoo Studio Permit - Introduction
Function Suitability	Welcome to the Tattoo & Body Piercing 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 Organizational Details	Before applying for this license, contact your local zoning authority to ensure that the proposed location for this Studio follows existing city/county zoning codes.
Contact Information	A license will not be issued until this documentation has been received by the Department.
Select Attributes	License fees are non-refundable.
Hours of Operation	APPLYING FOR A TEMPORARY EVENTS LICENSE: Application and fee must be submitted to the Department 30 calendar days prior to the event. A temporary event license is valid for a maximum of seven days in conjunction with a single event.
Other Questions	If you need further assistance, our contact information is available at 512-834-6600 or tbp_reg@dshs.texas.gov
Business Ownership	Press "Next" to continue.
Event Dates	Press "Cancel" to cancel this application and return to the main menu.
Attachments	
Application Summary	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)
	Next Cancel

- Since you are applying for an Initial license select “NO” on all screening questions, then click next.

TEXAS Health and Human Services | Texas Department of State Health Services
 Contact your licensing board or program | Internet Po
 Logged in as Example, Exam
 Main Menu | Update Profile | Logout | Contact

Introduction: Initial Tattoo Studio Permit - Function Suitability
 Function Suitability: 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.

Question	Answer
Are you attempting to renew an existing license/registration/permit?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are you applying for a permit amendment (example: change of dba name or change of business location)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are you applying for new permit due to Change of Ownership or Change of Legal Entity type?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are you applying for this license as a response to onsite inspection, warning letter or Notice of Violation received from the Department of State Health Services?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Previous Next Cancel

- Name and Organizational Details

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

- Organization name – is the company’s name or DBA (Doing Business As name)
- Tax number:
 - For sole proprietor use the owner’s SSN#, for other business types use the business FEIN
- Entity – select the type of business structure.

Introduction: Initial Tattoo Studio Permit - Name and Organizational Details
 Function Suitability: Please enter your organizational 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.

Name and Organizational Details:

- Organization Name:
- Tax Number:
- Tax Number:

Entity Type:

- 501c3 (Tax Exempt)
- Associates
- City Health Department
- Corporation
- County Health Department
- DBA
- Fire Dept / EMS
- Government
- Hospital
- Hospital Authority
- Hospital District
- LLC
- LLP
- LP
- LTD
- Partnership
- Partnership Unincorporated
- Sole Owner/Proprietorship
- Unincorporated Association
- University / College

Previous Next Cancel

- Contact Information

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

- **Main Address** – this information cannot be changed, make sure to enter the Physical location & phone # of the studio.

[-] Main Address

Copy From:

Street Number:

* Address:

Zip Code:

City:

* State:

County:

Country:

Phone Number: (999-999-9999)

Extension:

E-mail:

- **Physical Location** – enter the physical location of the studio that requires a license. Make sure to enter the required phone # (follow format), & email address

[-] Physical Location

Copy From:

Street Number:

* Address:

Zip Code:

City:

* State:

County:

Country:

* Phone Number: (999-999-9999)

Extension:

* E-mail:

* Organization Name:

- **Mailing address** – address where you want us to mail the license certificate once application has been approved and the renewal notice once it is time for renewal

[-] Mailing Address

Copy From:

Street Number:

* Address:

Zip Code:

City:

* State:

County:

Country:

Phone Number: (999-999-9999)

Extension:

E-mail:

Contact Person:

* Organization Name:

- Select the attribute that applies to your license situation:
only select one
 - Select “Body Piercing Studio with Tattoo” if you have an active tattoo license linked to your account or if you are applying for a tattoo license at the same time. (fee \$ 309.00)
 - If you are applying for Body Piercing Temporary event license (fee \$ 206.00)
 - If you are applying for Body Piercing with Tattoo Temporary event license (fee \$ 155.00)
 - If you are only applying for Initial Body Piercing license (fee \$ 412.00)
- Click next

Initial Body Piercing Studio Permit - Select Attributes

Select the license for which you are applying. The tattoo license must be at the same location and have the same ownership.
 Listed below are the license attributes you may add or delete.
 Please select/de-select the desired attribute 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.

Attribute Type:	Category		
	Exists On License	Request To Add	
* Attributes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Body Piercing Only
	<input type="checkbox"/>	<input type="checkbox"/>	Body Piercing Studio with Tattoo
	<input type="checkbox"/>	<input type="checkbox"/>	Body Piercing Temporary Event with Tattoo
	<input type="checkbox"/>	<input type="checkbox"/>	Body Piercing Temporary Event with no Tattoo

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

- Information

- Hours of operation are required, if by appointment only, than put the earliest and latest you work a day.

Initial Body Piercing Studio Permit - 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.

Hours of Operation

Please enter your hours of operation.

Please enter your Hours of Operation.
hh:mm am/pm - hh:mm am/pm

9:00 am - 11 pm

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

- Select the Business Start date and make sure to follow format date
- Check box if the question applies to your purpose of the application, if not leave it unchecked and click next to proceed to the next step

Initial Body Piercing Studio Permit - 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.

Other Questions

* Business Start Date (date owner started or will start offering Body Piercing services at this location [mm/dd/yyyy]):

06/01/2023 (mm/dd/yyyy)

* Are you applying for this license as a response to onsite inspection, warning letter or Notice of Violation received from the Department of State Health Services?

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

- Business Ownership – Fill out the owner’s information. If you have multiple owners, press the Add button for each other owner you have. Once all information is filled in, press Next.

Initial Body Piercing Studio Permit - 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.

Add Business Ownership **Add**

Business Ownership

Please list Names, Dates of Birth, and Driver's License Numbers for sole owner, for each partner, or top 3 officers if your business a corporation.

* Name:

* Date of Birth: (mm/dd/yyyy)

* Driver's License:

Previous **Next** **Cancel**

- This page is for Initial Temporary Event applications ONLY – Click the Add button and enter the start and end dates of the event. Temp events cannot last longer than **seven** days. if this does not apply to you, leave it blank and click next.

Initial Body Piercing Studio Permit - 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.

Add Event Dates **Add**

Previous **Next** **Cancel**

- Attachments – attach the required zoning verification letter to upload into the system.
 - Click “choose file” , locate and select the document.
 - Enter Notes: “**ZONING VERIFICATION LETTER**”
 - Click the attach button

Initial Body Piercing Studio Permit - Attachments

Please attach to upload the zoning verification requirement.
 Locate a file with the "Browse" 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: harris count...ing letter .pdf

Notes:

This is the indication that the file was successfully uploaded. Repeat the attach steps for all documents you need to upload, then Click next to continue.

Initial Body Piercing Studio Permit - Attachments

Please attach to upload the zoning verification requirement.
 Locate a file with the "Browse" 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.

Files Uploaded

harris county zoning letter .pdf	ZONING VERIFICATION LETTER	View	Remove
----------------------------------	----------------------------	----------------------	------------------------

Total Size of Attached Files: 36628

File Name: No file chosen

Notes:

- Application Summary - you can edit any of the information you have inputted by clicking the Edit buttons. Review all the information to verify it's correct, then click Submit to proceed.

Introduction

Function Suitability

Name and Organizational Details

Contact Information

Select Attributes

Hours of Operation

Other Questions

Business Ownership

Event Dates

Attachments

Application Summary

Initial Body Piercing Studio Permit - Information

Review the data and press "Submit" to submit this application.
 Press "Previous" to return to the previous section.
 Press "Cancel" to cancel this application and return to the main menu.

Application | License Type: **Body Piercing Studio** Application Date: **04/28/2023**

Organization Detail: | Organization Name: **TEST TT 03.24.2023** [Edit](#)
 Tax Number
 Doing Business As Name: Type: **FEIN**
 Tax Number: *********

General Addresses | Main Address **3 3** [Edit](#)
TRAVIS
78751
US

 Physical Loc **US**
 Name:

 Mailing Address **US**
 Name:

Hours of Operation [Edit](#)
 Please enter your Hours of Operation.
 hh:mm am/pm - hh:mm am/pm

[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.

The screenshot shows the Texas Department of State Health Services website. The header includes the Texas logo and the text "TEXAS Health and Human Services" and "Texas Department of State Health Services". There are links for "Contact your licensing board or program", "Internet Policy", and "Logged in as Example, Example". A navigation bar contains "Main Menu", "Update Profile", "Logoff", and "Contact Us".

The main content area is titled "Initial Body Piercing Studio Permit - Attestation". On the left is a sidebar menu with items: Introduction, Function Suitability, Name and Organizational Details, Contact Information, Select Attributes, Hours of Operation, Other Questions, Business Ownership, Event Dates, Attachments, and Application Summary. The "Introduction" item is selected.

The main content area contains the following text:

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 certify that I have read and understand the applicable rules of 25 Texas Administrative Code, Chapter 229, 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. If signing as a sole proprietor, I certify that I have filed the assumed name certificate in appropriate counties pursuant to Business and Commerce Code, Chapter 36. I certify that the studio at the address listed above is in an area in which the location is permissible under local zoning codes.

There are two radio buttons: "Yes" (selected) and "No".

At the bottom right are three buttons: "Previous", "Submit", and "Cancel".

- Fee and Summary Report Page

You have the option to pay now or later. View PDF Summary Report button is available to view the application summary, but you should have received an email from the system giving you a PDF format copy of your submitted application.

The screenshot shows the "Fee and Summary Report" page. The title is "Fee and Summary Report". The text says: "Your application data has been submitted. Click on 'View PDF Summary Report' and print this report for your records." Below this, it states: "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."

There is a section titled "Fees" with a table:

Total Amount Due:	\$412.00
-------------------	----------

Below the fees section is a section titled "Deficiencies" with a list:

1. Fee due

At the bottom of the page are several buttons: "Fix", "Pay Now", "Pay Later", "View PDF Summary Report", and a "Get Adobe Reader" icon.

If you decided to pay later, you can locate the fees that are dues in the main page, under Additional Activities “Make Payments” 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. 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

Pay for your License

- if you click “Pay Now” it will send you to Online Application Payment page
- select the preferred payment method, then click next

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
35964	Initial Tattoo Studio Permit		Tattoo Studio	The Best of the Best	\$927.00 <input checked="" type="checkbox"/>

Payment Method

Credit Card
 ACH

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

NICContact

Payment

Payment Type ✓

Credit/Debit Card

Customer Information

Complete all required fields [*]

Country *
 ✓

First Name * ✓ Last Name * ✓

Address * ✓

Address 2

City * ✓ State * ✓

ZIP/Postal Code * ✓

Phone Number * ✓

Email * ✓

[Next >](#)

Payment Information

Transaction Summary

Department of State Health Services Regulatory Licensing Payment	\$927.00
TOTAL	\$927.00

Need Help?

Please complete the Customer Information Section

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

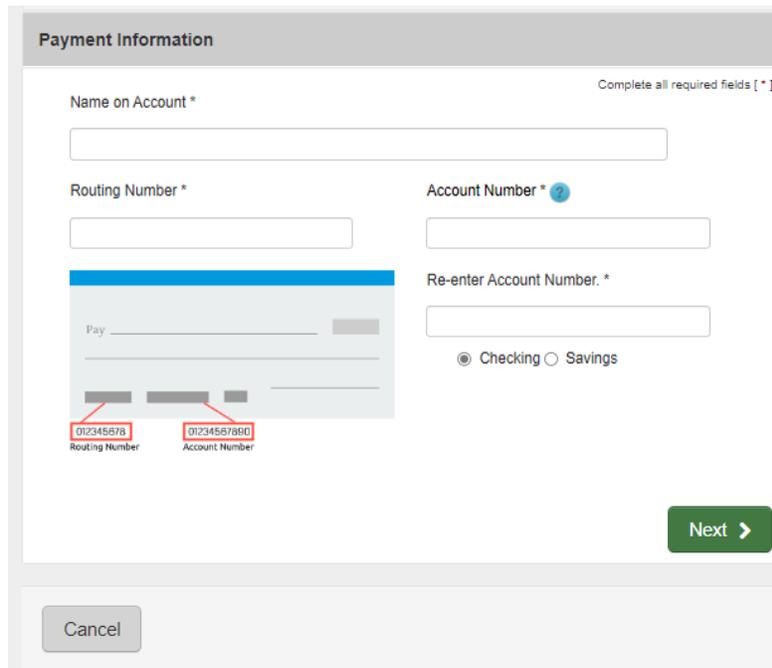
Payment Information Complete all required fields [*]

Name on Account *

Routing Number * Account Number *

Re-enter Account Number. *

Checking Savings



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

Payment Information Complete all required fields [*]

Credit Card Number *

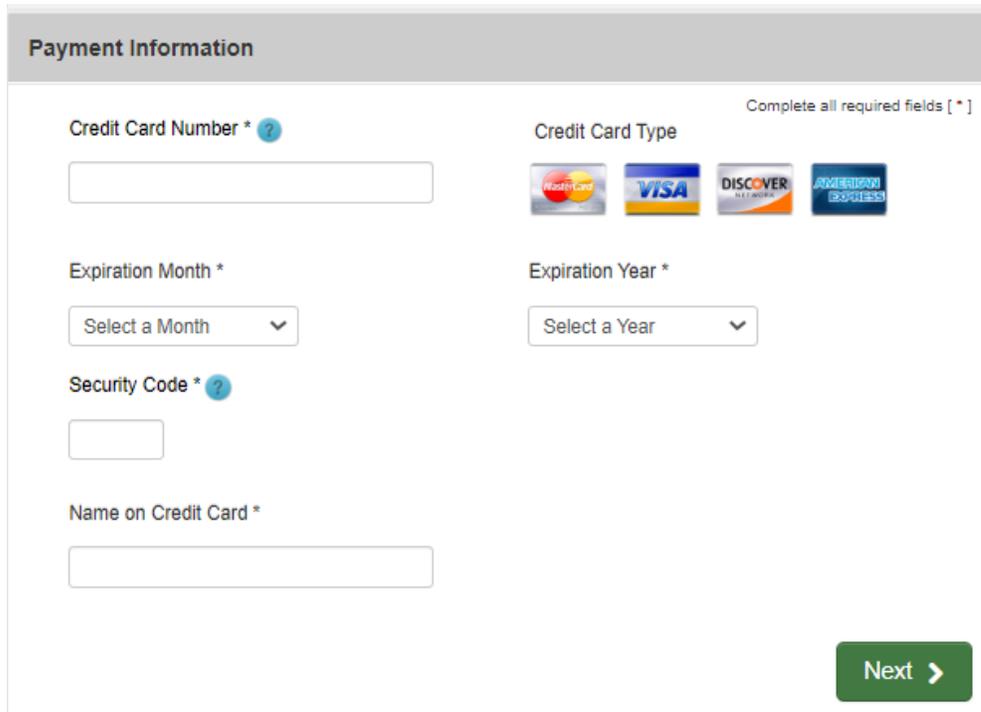
Credit Card Type 

Expiration Month *

Expiration Year *

Security Code *

Name on Credit Card *



- 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 nezukocharnlc@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
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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	

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

[Applications and Forms – Tattoo and Body Piercing Studios](#)

This page contains a link to the VERSA Online system for applying online, the fee schedule, and the amendment application form.

Eligibility by License Type

[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

[Laws and Rules – Tattoo and Body Piercing Studios](#)

DSHS Consumer Protection Division
[***dshs.texas.gov/business-compliance***](https://dshs.texas.gov/business-compliance)