

USER GUIDE FOR:

TATTOO STUDIO – INITIAL ONLINE APPLICATION

PERMANENT MAKE UP AND MICROBLADING



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 1
 - Additional Information..... 2
- Initial License Application 2**
 - Getting Started 2
 - Change your DSHS online Password..... 5
 - Initial Onboarding required information 6
 - Apply for your License..... 6
 - Pay for your License18
 - Next Steps.....19
 - Application Status24
- Resources25**
 - Texas Department of State Health Services (DSHS) Website.....25
 - DSHS Licensing Program Website Name25
 - Eligibility by License Type.....25
 - State Statute/Program Regulations.....25

Last revised: 5/15/2024

Introduction

Purpose

This user guide is to assist clients a step-by-step initial application for Tattoo License which includes Permanent Make Up and Microblading. 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.
- **Tax #** – Business Tax ID number, this can be a Social Security Number (SSN) or a Federal Employee Identification Number (FEIN).

Overview

To provide instructions on how to start an initial or renewal application for a Tattoo studio.

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

Requirements

Only studios are licensed by Texas, please see following requirements to acquire a Tattoo Studio License:

- Verification Zoning letter – can be obtain from your local city or county zoning and planning office.
- Physical location of the studio must be indicated in the zoning letter, unless the city or county does not have zoning regulation. If the studio location exists in area without zoning, please provide proof that no zoning is required.
- Copy of a valid government issued ID for each of the owners listed on the application.

Rules about Refunds and Credits

All Licensing fees are non-refundable.

Additional Information

Only submit the required documents for licensure that are listed. Other document types such as blood and pathogen training certificates do not need to be submitted for licensure.

Each studio location must display their updated Tattoo Studio license with the registered physical location and must have at least one responsible person per license.

Quick links to DSHS Tattoo 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](#)
- For questions about the rules not related to licensing please send an email to: TTBPHelp@dshs.texas.gov

Initial License Application

Getting Started

Required Document Checklist:

<input type="checkbox"/>	Zoning Letter
<input type="checkbox"/>	Government issued ID for each of the listed Studio owners
<input type="checkbox"/>	Business Tax #

Create your Online Licensing Services Account

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

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](#)

- 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

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

Preview Registration

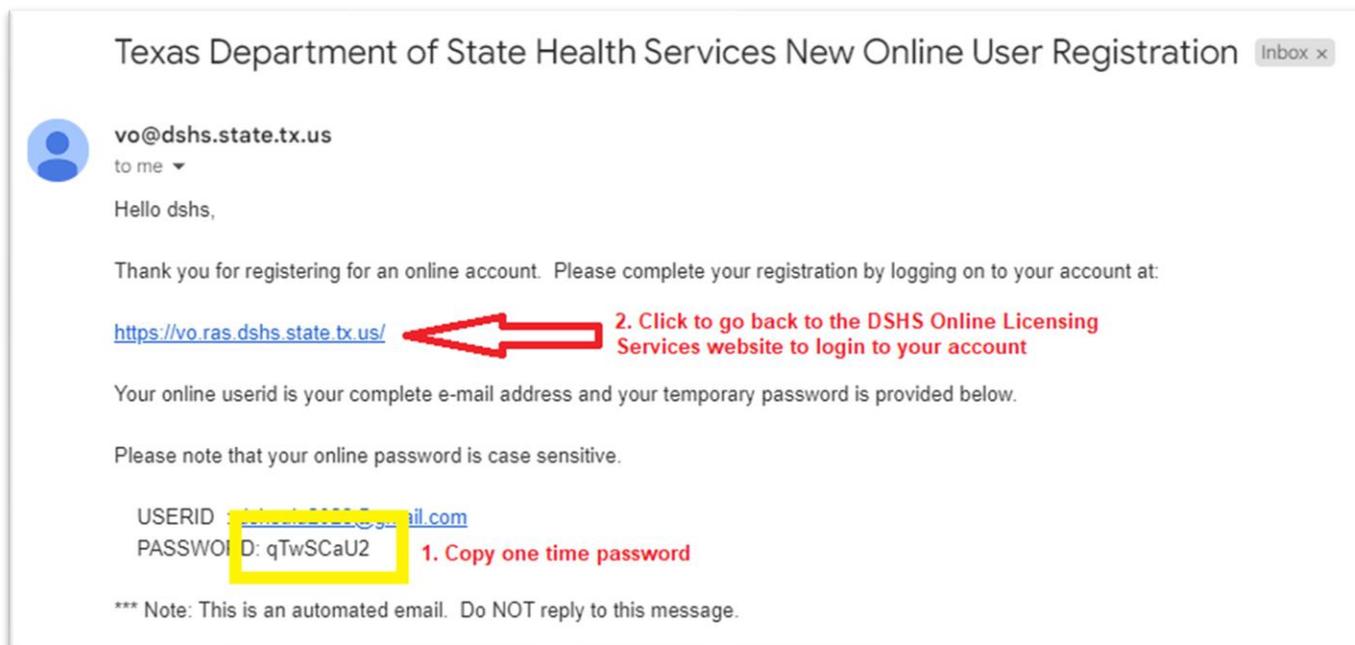
Press "Save" to save the registration.
 Press "Edit" to modify your registration details.
 Press "Cancel" to cancel this registration and return to the main menu.

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

[DSHS Certifications, Licenses and Permits | Disclaimer](#)
 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.



- 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. At the top left is the Texas Department of State Health Services logo. At the top right are links for "Contact your licensing board or program | Internet Policy" and "Logged in as Example, Example". Below these are "Logoff" and "Contact Us" links.

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:

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 "Contact your licensing board or program | Internet Po", "Logged in as Example, Examp", and "Main Menu | Update Profile | Logoff | Contact U".

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):

reCAPTCHA
Privacy - Terms

Next

Apply for your License

To start the Initial Application:

- Choose Board "Tattoo & Body Piercing Studios Program"
- Then, choose Application type "Initial Tattoo Studio Permit" Then click 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.

<p>Introduction</p> <ul style="list-style-type: none"> Function Suitability Name and Organizational Details Contact Information Select Attributes Hours of Operation Other Questions Business Ownership Event Dates Attachments Application Summary 	<p>Initial Tattoo Studio Permit - Introduction</p> <p>Welcome to the Tattoo & Body Piercing program's online application for initial licensure. Follow the instructions on each screen to complete your application. Information will not be saved until you complete and submit your application.</p> <p>Fees can be paid by credit card, debit card, or ACH transaction.</p> <p>Obtain a zoning letter or proof of no zoning required before applying. Zoning letters should be obtained from the city or county the studio or temporary event will be located in. Licenses will not be issued unless a valid zoning letter or proof of no zoning required is submitted.</p> <p>The following documents must be attached to this application:</p> <ul style="list-style-type: none"> • A copy of the driver license for each of the owners • A zoning letter or proof of no zoning required <p>License amendments cannot be completed online at this time. Amendment application forms can be found at: Applications and Forms - Tattoo and Body Piercing Studios Texas DSHS.</p> <p>A license amendment is defined as: Change of Ownership, Change of Location, and change of name.</p> <p>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.</p> <p>If you need further assistance, our contact information is available at 512-834-6600 or tbp_reg@dshs.texas.gov</p> <p>Press "Next" to continue. Press "Cancel" to cancel this application and return to the main menu.</p> <p>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)</p> <p style="text-align: right;"> <input type="button" value="Next"/> <input type="button" value="Cancel"/> </p>
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- Answer the screening questions.

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.
Name and Organizational Details	
Contact Information	
Select Attributes	
Hours of Operation	
Other Questions	
Business Ownership	
Event Dates	
Attachments	
Application Summary	

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 license amendment (example: change of studio name, change of ownership, or change of physical location of studio)?	<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

- Name and Organizational Details

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

- Organization name – is the Tattoo Studio’s name or DBA (Doing Business As name)
- Tax #: needs to be entered twice without dashes

Introduction	Initial Tattoo Studio Permit - Name and Organizational Details
Function Suitability	Tax number must be entered twice. Do not use dashes. 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	
Contact Information	
Select Attributes	
Hours of Operation	
Other Questions	
Business Ownership	
Event Dates	
Attachments	
Application Summary	

* Organization Name:	<input type="text" value="TEST TATTOO STUDIO"/>
* Tax Number:	<input type="text" value="....."/>
* Tax Number:	<input type="text" value="....."/>
* Entity Type:	<input type="radio"/> 501c3 (Tax Exempt) <input type="radio"/> Associates <input type="radio"/> City Health Department <input type="radio"/> Corporation <input type="radio"/> County Health Department <input type="radio"/> DBA <input type="radio"/> Fire Dept / EMS <input type="radio"/> Government <input type="radio"/> Hospital <input type="radio"/> Hospital Authority <input type="radio"/> Hospital District <input checked="" type="radio"/> LLC <input type="radio"/> LLP <input type="radio"/> LP <input type="radio"/> LTD <input type="radio"/> Partnership <input type="radio"/> Partnership Unincorporated <input type="radio"/> Sole Owner/Proprietorship <input type="radio"/> Unincorporated Association <input type="radio"/> University / College

- Contact Information

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

- **Main Address** – Make sure to enter the Physical location 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 information

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

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 attributes – select the services you offer on this studio
- License category:

Initial Tattoo Studio Permit - Select Attributes

Select the license for which you are applying

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:	Additional Attributes (please check all that apply)		
	Exists On License	Request To Add	
* Attributes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Micro-Blading
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Permanent Cosmetics
	<input type="checkbox"/>	<input type="checkbox"/>	Scarification
	<input type="checkbox"/>	<input type="checkbox"/>	Tattooing

Attribute Type:	Category		
	Exists On License	Request To Add	
* Attributes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tattoo Studio
	<input type="checkbox"/>	<input type="checkbox"/>	Tattoo Temporary Event

- Click next once completed to proceed.
- Information

Initial Tattoo 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

Hour of operation could be by appointment you can fill up the earliest and the latest time that you do your appointments, then click next

- Select the Business Start date and make sure to follow format date

Initial Tattoo 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 Tattoo services at this location [mm/dd/yyyy]): (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](#)

- Check box if the question applies to your purpose of the application, if not leave it uncheck and click next to proceed to the next step

Initial Tattoo 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 is a corporation.

* Name	<input type="text" value="Example Example"/>
* Date of Birth	<input type="text" value="04/05/1999"/> (mm/dd/yyyy)
* Driver's License	<input type="text" value="123456789"/>

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

○ Business Ownership – all required sole owner information must be provided

Initial Tattoo 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](#)

○ This page is for applications applying an Initial Temporary Event ONLY – enter the start and end dates of the event for a maximum of **seven** days in conjunction with a single event. if you are applying for an Initial Tattoo Studio skip this step and click next.

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

Initial Tattoo Studio Permit - Attachments

Please attach to upload the zoning verification requirement.

All documents that you upload must be in PDF Format, each document must be under 5MB in size, all documents uploaded must total no more than 30MB, and each document must have less than 30 characters (including spaces) in the filename.

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:

○ Then click attached

This is the indication that the file was successfully uploaded. Click next to continue.

Initial Tattoo Studio Permit - Attachments

Please attach to upload the zoning verification requirement.

All documents that you upload must be in PDF Format, each document must be under 5MB in size, all documents uploaded must total no more than 30MB, and each document must have less than 30 characters (including spaces) in the filename.

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:

Introduction	Initial Tattoo Studio Permit - Application Summary
Function Suitability	Review the data and press "Submit" to submit this application.
Name and Organizational Details	Press "Previous" to return to the previous section.
Contact Information	Press "Cancel" to cancel this application and return to the main menu.
Select Attributes	
Hours of Operation	
Other Questions	
Business Ownership	
Event Dates	
Attachments	
Application Summary	

Application	License Type: Tattoo Studio Application Date: 04/28/2023
Organization Detail:	Organization Name: TEST TT 03.24.2023 Edit Tax Number Doing Business As Name: FEIN Tax Number: *****
General Addresses	Main Address 3 3 Edit TRAVIS 78751 US <hr/> Physical Loc US Name: Mailing Address US Name:
Hours of Operation	Please enter your Hours of Operation. hh:mm am/pm - hh:mm am/pm Edit

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

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.

- 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.

TEXAS
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 Tattoo Studio Permit - 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.

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.

Yes
 No

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

[DSHS Certifications, Licenses and Permits](#) | [Disclaimer](#)
Last Updated Mar 27, 2013

- Fee and Summary Report Page

Fee and Summary Report
Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.

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.

Fees

Total Amount Due:	\$927.00
-------------------	----------

Deficiencies

1. Fee due

[Fix](#) [Pay Now](#) [Pay Later](#) [View PDF Summary Report](#) 

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.

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

[Next](#) [Main Menu](#)

Next Steps

- 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

Payment

Payment Type ✓

Credit/Debit Card

Customer Information

Country *

Complete all required fields [*]

United States ▼

First Name *

Example ✓

Last Name *

Example ✓

Address *

123 SALON ST ✓

Address 2

City *

HOUSTON ✓

State *

TX - Texas ▼ ✓

ZIP/Postal Code *

12345 ✓

Phone Number *

123-123-1236 ✓

Email * ?

EXAMPLE@EXAMPLE.COM ✓

Next ➤

Payment Information

Cancel

Transaction Summary

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

Need Help?

Please complete the Customer Information Section

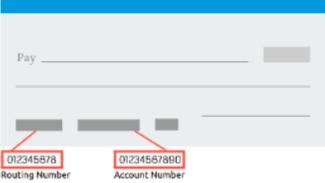
Payment Information Complete all required fields [*]

Name on Account *

Routing Number * Account Number *

Re-enter Account Number. *

Checking Savings



The screenshot shows a payment form with a 'Pay' button and a 'Next' button. Two red boxes highlight the routing number '012345678' and the account number '01234567890' from a previous screen, with lines pointing to the corresponding input fields in the current form.

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

- 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 *

Select a Month 

Expiration Year *

Select a Year 

Security Code * 

Name on Credit Card *

[Next >](#)

- 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

nezukochanllc@gmail.com

Payment Information

Edit

Credit Card

Visa ****2033
Exp. 05/2026

Name on Credit Card

Michael Lee

Verification

I'm not a robot



Cancel

Submit Payment

Application Status

Once application has been submitted it will be placed on 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
Nc

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> ▼ Select
- View Application Status**

View the status of my applications (3) Select

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		

Previous

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	

[Withdraw Application](#)

[Submit Document\(s\)](#)

[Done](#)

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)