

How to Renew Online Individual

The online system link is found here:

<https://vo.licensing.hpc.texas.gov/datamart/mainMenu.do>

1. Logging to the Online Licensing System



Texas Behavioral Health Executive Council
Texas Board of Professional Geoscientists
Texas Funeral Service Commission
Texas Optometry Board
Texas State Board of Dental Examiners
Texas State Board of Pharmacy
Texas State Board of Plumbing Examiners

Welcome to the Online Licensing System | [FAQ](#) | [Public Search](#) | [Contact Us](#)

Returning User
* * * are required.
* User ID:
* Password:
* Click the white Checkbox next to "I'm not a robot"
 I'm not a robot 
[Forgot password?](#)
[Forgot user ID?](#)

New User
[Begin Here For Sign-up](#)
New Users must create an online account to use the Online Licensing System. Opening a second account will not delete the first account.

Public Search
It is **not necessary** to register or login to view or search for a license or registration. To search by name, license number, license type, city, or county click on the "Public Search" link above.

Sign-up and manage your licenses
Apply for New License: To apply for an initial license, please sign up using the link to the left. If you have previously registered using this system, it is not necessary to create another user registration to apply for a new license.
Renew or Maintain Your License: To renew and/or maintain an existing license, please login with your existing user ID and password, or click on the link to the left to register as a new user.
Maintenance Window: Click [here](#) to see our upcoming maintenance schedule

This website is the property of the State of Texas. Unauthorized attempts to upload information or change information are strictly prohibited and may be punishable under the Texas Penal Code Chapters 33 (Computer Crimes) or 33A (Telecommunications Crimes).
Details about information collected on individuals and the process to correct incorrect information may be found on each of the agency's websites.

Logging In Issues/Technical Support: [Contact Us](#)
Payment Issues: 877-452-9060
Browser Compatibility Minimum: IE v9, Firefox v27, Chrome v12.X (NO hand-held devices)
Maintenance Window: Sunday 7pm - 10pm CST

 Secure System

Copyright 2015 Iron Data Version:2.11.10.586

2. Under the It is time to Renew click “Select”. (If your license is not listed, you will need to add the license to registration).

Quick Start Menu

If you see your license on the right hand of the screen under the "License Information" section please **DO NOT** click on the "Add License to Registration" link at the bottom as your license is already associated with this online account. You should see your license options listed below.

If you are trying to apply for a license please choose the appropriate option under the "Start a New Application" section.

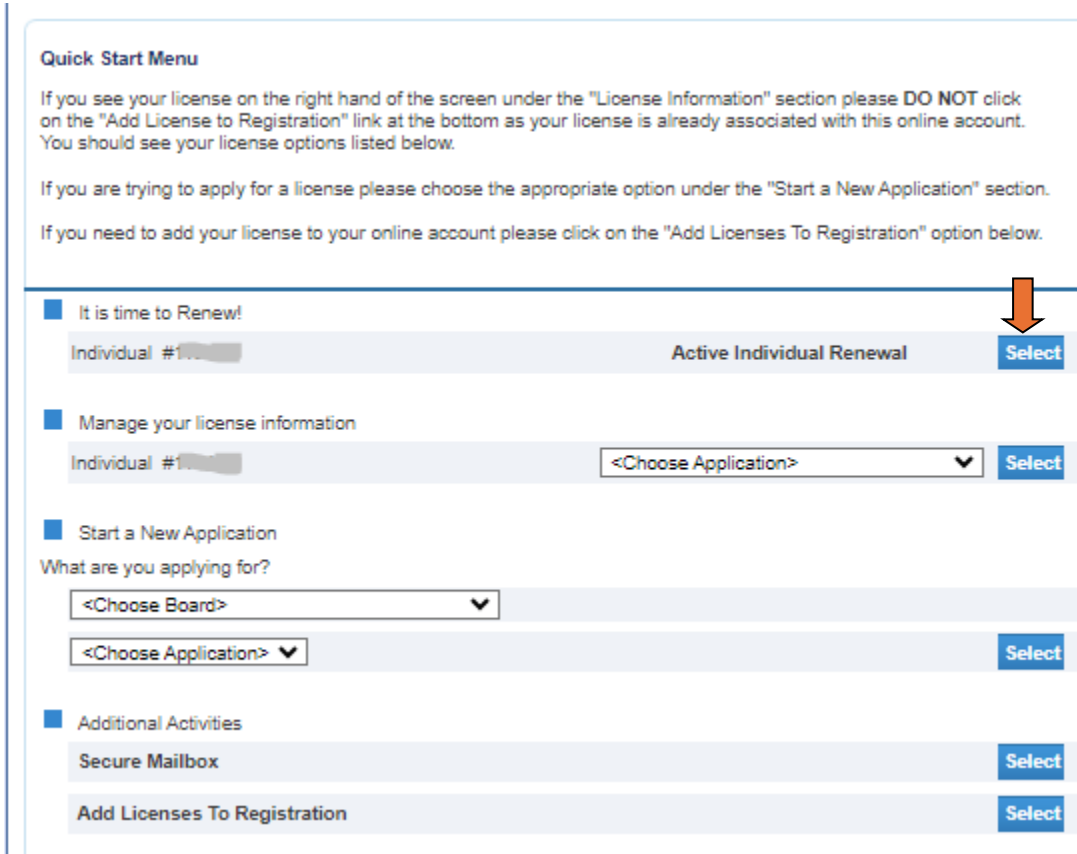
If you need to add your license to your online account please click on the "Add Licenses To Registration" option below.

■ It is time to Renew!
Individual # [REDACTED] Active Individual Renewal **Select**

■ Manage your license information
Individual # [REDACTED] <Choose Application> **Select**

■ Start a New Application
What are you applying for?
<Choose Board> **Select**
<Choose Application> **Select**

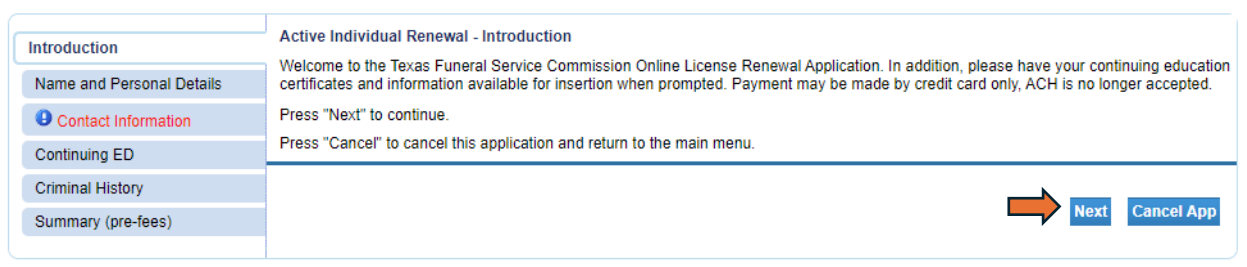
■ Additional Activities
Secure Mailbox **Select**
Add Licenses To Registration **Select**



3. Select Next

Introduction	Active Individual Renewal - Introduction
Name and Personal Details	Welcome to the Texas Funeral Service Commission Online License Renewal Application. In addition, please have your continuing education certificates and information available for insertion when prompted. Payment may be made by credit card only, ACH is no longer accepted.
Contact Information	Press "Next" to continue.
Continuing ED	Press "Cancel" to cancel this application and return to the main menu.
Criminal History	
Summary (pre-fees)	


Next **Cancel App**



4. Verify the Organization Name.

Introduction	Active Individual Renewal - Name and Personal Details
Name and Personal Details	Enter your personal details and press "Next" to continue.
Contact Information	Press "Previous" to return to the previous section.
Continuing ED	Press "Cancel" to cancel this application and return to the main menu.
Criminal History	
Summary (pre-fees)	


First Name:	
Second Name:	
Last Name:	
Social Security Number:	*****
Date of Birth:	(mm/dd/yyyy)
Race:	<input type="text"/>


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



5. Verify the Contact Information.

Introduction	Active Individual Renewal - Contact Information
Name and Personal Details	Press "Continue" to go to next page.
Contact Information	Press "Previous" if you do not want to save your changes.
Continuing ED	Press "Delete" to delete this address.
Criminal History	If Copy Button is available. Press "Copy" to copy a previously entered address.
Summary (pre-fees)	Press "Lookup" after entering the zip code to populate the U.S. city, state and county.


Main Address	
Is this your Home Address?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Street Number:	<input type="text" value="1801"/>
Address:	<input type="text" value="Congress Ave"/> <input type="text"/> <input type="text"/>
Zip Code:	<input type="text" value="78701"/>
City:	<input type="text" value="AUSTIN"/>
State:	<input type="text" value="TEXAS"/>
County:	<input type="text" value="TRAVIS"/>
Country:	<input type="text" value="United States"/>
Phone Number:	<input type="text" value="(512) 936-2474"/> (999) 999-9999
Extension:	<input type="text"/>
E-mail:	<input type="text" value="none@none.com"/>
Contact #:	<input type="text"/>
Web Address:	<input type="text"/>


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

6. Enter the Continuing Education. Click “Add” to submit CE courses.

Introduction	Active Individual Renewal - Information
Name and Personal Details	
Contact Information	
Continuing ED	
Criminal History	
Summary (pre-fees)	
	Add Continuing Education Add 
	Continuing Education
	Each person holding an active license and practicing as a funeral director or embalmer in this state for at least 12 months is required to participate in continuing education as a condition of license renewal. Please provide responses to the following questions. All questions must be answered to continue with the renewal process. You must enter at least two hours of funeral service ethics, two hours of vital statistics, and two hours of mortuary law updates. To start select the Add button to create a table of Continuing Education courses.
	IF YOU HAVE BEEN FULLY LICENSED WITH THIS BOARD FOR LESS THAN 12 MONTHS , continuing education hours are not required for your renewal. Please enter the information below in the continuing education courses table.
	FOR LICENSEES ON INACTIVE STATUS , if you are (1) 65 or over, or (2) have been approved for disabled status by the agency, continuing education hours are not required for your renewal. Please enter the information below in the continuing education courses table.
	Enter Exempt in the Course Name Enter 0 in the Course Number Enter 0 in the Provider Number Enter 0 in the Number of Hours Enter today's date in the Course Date
	* Enter Course name <input type="text"/>
	* Enter Course number <input type="text"/>
	* Enter Provider number <input type="text"/>
	* Enter Number of course credit hours <input type="text"/>
	* Enter Course date <input type="text"/> (mm/dd/yyyy)
	
	Previous Next Cancel App

7. Answer the following question.

Introduction	Active Individual Renewal - Information
Name and Personal Details	
Contact Information	
Continuing ED	
Criminal History	
Summary (pre-fees)	
	Criminal History
	Criminal History
	* 1. Since your last renewal, have you been convicted of a felony or misdemeanor? <input type="text"/>
	
	Previous Next Cancel App


8. Review Application Summary

Individual/Provisional Order Law Books - Application Summary

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: Individual	Application Date: 02/02/2024
Personal Details	Full Name: - Social Security Number: ***** Birthdate: **/**/**** Gender: Race:	Edit
General Addresses	Main Address: 1801 Congress Ave AUSTIN, TEXAS TRAVIS 78701 US Is this your Home Address? Yes Phone Number: (512) 936-2474 E-mail: none@none.com Contact #: Web Address:	Edit
Order Publications	Facts about Funerals English Pack (packs of 100) 0 Facts about Funerals Spanish Pack (packs of 100) 0 How many Law Books 1	Edit

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



9. Verify the following information.

Active Individual Renewal - Application Summary

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: Individual Application Date: 02/02/2024	
Personal Details	Full Name: Social Security Number: ***** Birthdate: **/**/**** Race:	Edit
General Addresses	Main Address: 1801 Congress Ave AUSTIN, TEXAS TRAVIS 78701 US Is this your Home Address? Yes Phone Number: (512) 936-2474 E-mail: none@none.com Contact #: Web Address:	Edit
Continuing Education	Enter Course name Enter Course number Enter Provider number Enter Number of course credit hours Enter Course date (mm/dd/yyyy)	Edit
Criminal History	1. Since your last renewal, have you been convicted of a felony or misdemeanor?	Edit

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

10. Answer the following attestation question.

Active Individual Renewal - Attestation
Press "Previous" to return to the previous section.
Press "Submit" to continue.
Press "Cancel" to cancel this application and return to the main menu.
By checking here I attest to the fact the information on this form, as well as the information on any attachment(s) sent to the Texas Funeral Service Commission, associated with submittal of this renewal, is true and correct. Additionally, I attest to the fact that I have completed the required number of continuing education hours needed for renewal of my licensure status. I understand that providing false or incorrect information may constitute a violation of the Rules and Regulations and may be grounds for revocation, suspension, penalties, or refusal to issue or renew the individual or provisional license.
<input type="radio"/> Yes <input type="radio"/> No
Previous Submit Cancel

11. Fee and Summary report

Fee and Summary Report

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

Deficiencies that are currently associated with your online application may be listed below.

You are required to pay the amount below for your application to be processed.

Press "Pay Now" to proceed to the fee payment page.

Fees	
Total Amount Due:	\$:

Deficiencies	
1. Insufficient money received	



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



12. Payment Fee


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
125572	Active Individual Renewal		Funeral - Individual/Provisional		\$378.00 <input checked="" type="radio"/>

Payment Method: Credit Card

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

13. Confirm Payment details


Confirm Payment Details

Select payment method and 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
125572	Active Individual Renewal		Funeral - Individual/Provisional		\$378.00
Total					\$378.00

Payment Method: Credit Card

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

14. You will be redirected to the payment processor. Enter the customer information in the required fields then click “Next”.

1 Payment Type 2 Customer Info 3 Payment 4 Submit Payment

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