



## BUSINESS INFORMATION FORM

**Texas Department of State Health Services  
Radiation Safety Licensing Branch MC-2003  
PO BOX 149347, Austin, TX 78714-9347**

### Radioactive Material License and General License Acknowledgement only

Business/Company Name:	
Doing business as(DBA) or Fictitious Name (if applicable):	
Physical Business Location:	
	Street
	City <span style="float: right;">State      Zip Code</span>
Business Telephone Number:	_____
Billing Address: (if different from Physical Business Location)	
	Street
	City <span style="float: right;">State      Zip Code</span>
Telephone Number: (if different from above)	_____

#### CERTIFICATION OF FINANCIAL QUALIFICATION (25 TAC §289.252(jj)(8))

**Check applicable box and comply.**

- The applicant is **not required** by 25 TAC §289.252(gg) to provide financial assurance and in accordance with 25 TAC §289.252(jj)(8)(A) attests that the applicant is financially qualified to conduct the activity requested for licensure. Several types of authorizations that do not require financial assurance are well logging, (for example, if less than 100 Ci of Americium-241), x-ray fluorescence, gas chromatography, fixed/portable gauge, spinning pipe-thickness gauge, industrial radiography, mobile decontamination services, and nuclear medicine. General License Acknowledgements (GLA) do not require financial assurance.
  
- The applicant is **required** by 25 TAC §289.252(gg) to provide financial assurance. Several types of authorizations that may require financial assurance are fixed site decontamination services, accelerator, cyclotron, manufacturing and distributing, (for example, if more than 100 Ci of Americium-241), research and/or development, tracer studies, and broad scope licenses. Reference 25 TAC §289.252(gg) for those specific situations requiring financial assurance. The Agency will provide procedural guidance on the requirement for financial assurance.
  
- The applicant is a state or local government entity. A statement of intent may be required for specific and broad scope licenses [reference §289.252(gg)(6)(D)].

PLEASE COMPLETE PAGE 2

**COMPLETE SECTION APPLICABLE TO YOUR BUSINESS AND SIGN SECTION 5**

For more information concerning the Texas Secretary of State Charter or File Number call 512-463-5555 or visit [www.sos.state.tx.us](http://www.sos.state.tx.us). The Federal Tax Identification Number [TIN] is acceptable for Out-of-State entities.

<p><b>1. CORPORATION</b></p> <p>TYPE: _____ <i>(Example: LLC, S-Corp., C-Corp., Inc., PC)</i></p> <p>President: _____ OR Registered Agent: _____</p>	<p>STATE CHARTER or FILE NO. _____</p> <p>Address: _____ _____</p>						
<p><b>2. PARTNERSHIP</b> (Excluding General Partnerships)</p> <p>TYPE: _____ <i>(Example: LP, LLP)</i></p> <p>Name of Partner: _____</p> <p>Name of Partner: _____</p> <p>(Add additional sheets as necessary)</p>	<p>STATE CHARTER or FILE NO. _____</p> <p>Address: _____ _____</p> <p>Address: _____ _____</p>						
<p><b>3. GOVERNMENT ENTITY</b></p> <p>Name: _____</p> <p>Address: _____ _____</p>	<p>Employer Identification Number (EIN) [Also known as a Federal Tax Identification Number]: _____</p>						
<p><b>4. IF NONE OF THE ABOVE: (Including General Partnerships &amp; Sole Proprietorships)</b></p> <p>Owner of business: _____</p> <p>Address: _____ _____</p>	<p>Employer Identification Number (EIN) [Also known as a Federal Tax Identification Number]: _____</p>						
<p><b>CERTIFICATION</b></p> <p>5. I certify that all information submitted is true and correct to the best of my knowledge.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Typed or Printed Name</td> <td style="text-align: center; font-size: small;">Title</td> <td style="text-align: center; font-size: small;">Signature</td> </tr> </table> <p><b><i>SIGNATURE of applicant or person duly authorized to act on behalf of applicant.</i></b> <i>(Example: President, Registered Agent, CEO, CFO, Partner, Owner)</i></p>					Typed or Printed Name	Title	Signature
Typed or Printed Name	Title	Signature					

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request to be informed about information the State of Texas collects on 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/policy/privacy.shtm> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).