



# BUSINESS INFORMATION FORM

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

Phone #: (512) 834-6688 ext. 2225  
Fax #: (512) 834-6717

New  Current Registration or Certification number: \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_  
Doing Business As name (if applicable): \_\_\_\_\_  
Billing Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_  
Billing Address: (Street/City/State/Zip) \_\_\_\_\_ Mailing Address: (Street/City/State/Zip) \_\_\_\_\_  
If different from Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLETE THE APPROPRIATE SECTION FOR THE APPLICABLE BUSINESS.**  
**INCOMPLETE FORMS WILL DELAY THE APPLICATION PROCESS.**

**Section 1 & 2:** For information concerning the Texas Secretary of State (SOS) File Number call 512-463-5555 or 800-252-1381, or visit: [www.sos.state.tx.us](http://www.sos.state.tx.us).

**Section 3 & 4:** The Federal Employer Identification Number (EIN) also known as "Federal Tax ID Number" is a 9-digit number assigned by the IRS.

**1. CORPORATION/COMPANY TYPE** (Example: LLC, LC, PC, PA, S-Corp, C-Corp): \_\_\_\_\_  
SOS File # or Tax ID #: \_\_\_\_\_  
President or Registered Agent Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

*For multiple partners, copy this section:*

**2. PARTNERSHIP TYPE** (Example: LP, LLP): \_\_\_\_\_  
SOS File # or Tax ID #: \_\_\_\_\_  
Name of Partner: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

**3. GOVERNMENT ENTITY/HOSPITAL AUTHORITY/HOSPITAL DISTRICT:** \_\_\_\_\_  
Federal EIN #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

**4. IF NONE OF THE ABOVE** (General Partnership, or Sole Proprietorship): \_\_\_\_\_  
Federal EIN #: \_\_\_\_\_  
Name of Business Owner: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

**SIGNATURE of the applicant, or person duly authorized to act on behalf of the applicant:**

*(Example: President, Registered Agent, CEO, COO, CFO, Partner, and Owner)*

**I certify that the information on this form is true and correct.**

PRINTED NAME \_\_\_\_\_

PRINTED TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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)