



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) _____

Same as Billing Address (Check box.):

COMPLETE THE APPROPRIATE SECTION FOR THE APPLICABLE BUSINESS.

INCOMPLETE FORMS WILL DELAY THE APPLICATION PROCESS.

COMPLETE ONLY ONE SECTION.

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.

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 TEXAS TAX ID #: _____ **(DO NOT PROVIDE THE FEDERAL EIN.)**

President or Registered Agent Name: _____

Phone #: _____ Email address: _____

For multiple partners, copy this section:

2. PARTNERSHIP TYPE (Example: LP, LLP): _____

SOS FILE # OR TEXAS TAX ID #: _____ **(DO NOT PROVIDE THE FEDERAL EIN.)**

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, Sole Proprietorship, Non-Profit): _____

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)