REGISTRATION APPLICATION FOR INDUSTRIAL RADIATION MACHINES

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

For new registrations, mail application and fees to DSHS, RSLB, Mail Code 2003, P. O. Box 149347, Austin Texas, 78714-9347.
All other actions should use the address at the top of the application.

Complete ALL ITEMS on the application. For further questions, contact the RSLB at (512)834-6688 ext. 2225.
Upon approval of the application, the applicant will receive a Certificate of Registration.

1. Legal Name of Business or Facility:
The legal name of the business or facility as filed with the Texas Secretary of State Office.

_____

2. Doing Business As name (if applicable):

_____

3. Mailing Address: (Street Address/City/State/Zip)

_____

_____

County: _____

4. Physical Location in Texas: (Street Address/City/State/Zip) *Submit separate application for each additional use location under registration.*

_____

_____

County: _____

5. Business Phone Number:_____ Ext # _____

6. Business Fax Number: _____

7. Radiation Safety Officer: *Attach qualifications as required in 25 TAC§289.226.*

_____

Telephone number: _____ Ext # _____

Email address: _____

8. Type of Action: (Check all that apply)

- ☐ New Registration * (Attach appropriate fees)
- ☐ Renewal of Registration No. R_____
- ☐ Reciprocity
- ☐ Amendment Registration No. R _____
  - ☐ Name Change *
  - ☐ RSO Change
  - ☐ Address Change
  - ☐ Additional Service
  - ☐ Additional Use Location **
  - ☐ Remove a Use Location **
  - ☐ Add Equipment
  - ☐ Delete Equipment

** Submit Business Information Form (RC-226-1) with new and renewal applications; and name changes.*
*** Provide address for locations under # 4.*

9. MACHINE DATA

Provide the total number of machines used in each category at the physical location listed under # 4. If you are amending a registration, list the **total** number of machines at your facility incorporating the changes of equipment within the new total.

No. of Machines	Minimal Threat Machine Description (Code 572)
	Fluorescence X-Ray (Closed Beam)
	X-Ray Diffraction (Closed Beam)
	X-Ray Gauge
	Certified Cabinet X-Ray
	Package X-Ray
	Electron Bean Welding
	Particle Size Analyzer
	Ion-Implant
	Cathodoluminescence
	Other:
No. of Machines	**Industrial Radiography (IR) Non-Destructive Testing**
	IR - Fixed Site (Code 880)
	IR - Temporary Sites - (Code 562)
	IR - Non-Destructive Testing OpenVision - (Code 562)

No. of Machines	Other Industrial Machine Description (Code 573)
	Portable/Handheld Fluorescence X-Ray (Open Beam)
	Portable/Handheld Intensified Fluoroscopy X-Ray (Open Beam)
	Fluoroscopy X-ray
	Industrial Accelerator
	Spectrography X-Ray
	Flash X-Ray ☐ Stationary ☐ Portable
	Research (x-ray for non-human/ not live animal use)
	Morgues/Forensics
	X-Ray Diffraction (Open Beam)
	Other:
	Educational (x-ray for non-human/non-live animal use) • What are you teaching? *(check applicable box)* ☐ Medical ☐ Dental ☐ Veterinary
No. of Machines	**X-Ray for Human Use (Code 576)**
	Medical Radiographic

10. As **radiation safety officer** for this facility, I assume the duties and responsibilities as described in 25 TAC 289.226

Typed or printed name of RSO	Date	Signature

11. I certify that the information contained in this application is true and correct to the best of my knowledge.

Typed or printed name of Applicant or person duly authorized to act on behalf of registrant (e.g.: President, CEO, CFO, Owner)	Date	Signature

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)