



REGISTRATION APPLICATION FOR INDUSTRIAL RADIATION MACHINE SERVICES

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.

<p>1. Legal Name of Business or Facility: <i>The legal name of the business or facility as filed with the Texas Secretary of State Office.</i></p> <p>_____</p> <p>2. Doing Business As name (if applicable):</p> <p>_____</p> <p>3. Mailing Address: (Street Address/City/State/Zip)</p> <p>_____</p> <p>County: _____</p> <p>4. Physical Location in Texas: (Street Address/City/State/Zip) <i>Submit separate application for each additional use location under registration.</i></p> <p>_____</p> <p>County: _____</p> <p>5. Business Phone Number: _____ Ext # _____</p> <p>6. Business Fax Number: _____</p>	<p>7. Radiation Safety Officer: <i>Attach qualifications as required in 25 TAC§289.226.</i></p> <p>_____</p> <p>Telephone number: _____ Ext # _____</p> <p>Email address: _____</p> <hr/> <p>8. Type of Action: (Check all that apply)</p> <p><input type="checkbox"/> New Registration * (Attach appropriate fees)</p> <p><input type="checkbox"/> Renewal of Registration No. R _____</p> <p><input type="checkbox"/> Amendment Registration No. R _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Name Change *</p> <p style="margin-left: 20px;"><input type="checkbox"/> RSO Change</p> <p style="margin-left: 20px;"><input type="checkbox"/> Address Change</p> <p style="margin-left: 20px;"><input type="checkbox"/> Additional Service</p> <p style="margin-left: 20px;"><input type="checkbox"/> Additional Record Location (Texas only) **</p> <p style="margin-left: 20px;"><input type="checkbox"/> Remove Record Location (Texas only) **</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other _____</p> <p style="font-size: small; margin-top: 10px;">* Submit Business Information Form (RC-226-1) with new and renewal applications; and name changes. ** Provide address for locations under # 4.</p>
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9. Type of Service: (Check all that apply.)

Demonstration and Sales: Involves an individual who energizes or causes a radiation machine to be energized in order to demonstrate or sell the equipment.

- What type of equipment will be demonstrated? _____

Provider of Equipment (POE): An entity that furnishes a radiation machine to a facility for limited time periods.

- What type of equipment will be provided? _____
- Will you provide personnel to operate equipment?
 - No
 - Yes – A copy of the Operating & Safety Procedures **must** be submitted with this application.

Assembler: Assembles, installs, or repairs to ensure an x-ray machine is operating according to manufacturer's specifications.

Consultant: Consultations performed by or under the supervision of a Licensed Medical Physicist or Certified Health Physicist in order to make measurements or gather data. This may include tests to assure proper function of radiation machine equipment. Provide copy of certification with application.

Agency Accepted Training Course: Training provided to qualify individuals as radiographer trainees.

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)