ZZ113-120

DEPARTMENT OF STATE HEALTH SERVICES

Radiation Safety Licensing Branch

REGISTRATION APPLICATION FOR INDUSTRIAL RADIATION MACHINE SERVICES

INSTRUCTIONS - Complete ALL ITEMS on the application. For new registrations, mail application and fee to Mail Code 2003, P.O. Box 149347, Austin Texas, 78714-9347. For all other actions, mail to the Texas Department of State Health Services, Radiation Safety Licensing Branch (RSLB), Mail Code 2835, P.O. Box 149347, Austin, Texas, 78714-9347. Upon approval of the application, the applicant will receive a Certificate of Registration. If there are any questions, contact the RSLB at (512)834-6688.

1.a. Legal name of business, facility or individual (as registered with the Texas Secretary of State, if applicable)*:

b. Business mailing address:

2. Physical address where records will be stored (not applicable if not located in Texas):

3. Type of action: (Check all that apply)

- ☐ New Registration* (Attach appropriate fee)
- ☐ Renewal of Registration No.* _____
- ☐ Amendment to Registration No. _____
  - ☐ Name Change*
  - ☐ Address Change
  - ☐ RSO Change
  - ☐ Additional Service
  - ☐ Additional Record Location (in Texas only) **
  - ☐ Remove Record Location (in Texas only) **

*Submit Business Information Form (RC 226-1) for new applications, renewal applications, and company name changes.

**Provide address in box 2 above.

4. Telephone No.:

5. Fax No.:

6.a. Radiation Safety Officer (RSO): (Submit qualifications to include education, training and/or experience for new registrations or RSO change.)

b. RSO e-mail address:

7. RSO Business Mailing Address (not residence):

8. 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 on a routine basis to a facility for limited time periods.

- What type of equipment will be provided? _____
- Will you provide personnel to operate equipment?
  - ☐ No
  - ☐ Yes - If yes, 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:** An individual who provides radiation protection or health physics consultations or surveys that require the individual to operate or cause a radiation machine to be operated in order to make measurements or gather data. This may include tests to assure proper function of x-ray equipment under the supervision of a licensed medical physicist.

☐ **Calibration of Measuring Instruments**: Facilities that provide a service that calibrates equipment used by assemblers, installers, repair services, consultants, etc.

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

9. I hereby accept the responsibilities of Radiation Safety Officer.

Signature of Radiation Safety Officer	Date	Type or Print Name and Title

10. Certification: I certify that the information is true and correct to the best of my knowledge.

Signature of applicant or person duly authorized to act on behalf of applicant (e.g., President, Registered Agent CEO, CFO, Partner, Owner).	Date	Type or Print Name and Title

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).