



**REGISTRATION APPLICATION FOR LASER 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 AGENCY USE ONLY	
FILE NO.	_____
APP. NO.	_____

Complete ALL ITEMS on the application including required signatures. 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.

For new registrations, mail application and fees to Mail Code 2003, P.O. Box 149347, Austin Texas, 78714-9347.

All other actions should use the address at the top of the application.

<p>1.a. <b>Legal name of business, facility or individual</b> (as registered with the Texas Secretary of State, if applicable)*:</p>  <p>b. <b>Business mailing address</b> (Please include county):</p>	<p>2. <b>Physical address where records will be stored</b> (not applicable if not located in Texas):</p>								
<p>3. <b>Type of action:</b> (Check all that apply)</p> <p><input type="checkbox"/> New Registration * (Attach appropriate fee)</p> <p><input type="checkbox"/> Renewal of Registration No. * Z_____</p> <p><input type="checkbox"/> Amendment to Registration No. Z_____</p> <p><input type="checkbox"/> Name Change*                      <input type="checkbox"/> Additional Record Location (in TX only)**</p> <p><input type="checkbox"/> Address Change                      <input type="checkbox"/> Remove Record Location (in TX only)**</p> <p><input type="checkbox"/> LSO Change</p> <p><input type="checkbox"/> Additional Service</p> <p><small>*Submit Business Information Form (RC 226-1) for new applications, renewal applications, and company name changes. ** Provide address in box 2 above.</small></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">4. <b>Telephone No.:</b></td> <td style="width: 50%; padding: 5px;">5. <b>Fax No.:</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;">6 a. <b>Laser Safety Officer (LSO):</b> (Submit qualifications to include education, training and/or experience for new registrations or LSO change.)</td> </tr> <tr> <td colspan="2" style="padding: 5px;">b. <b>LSO e-mail address:</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;">7. <b>LSO Business Mailing Address</b> (not residence):</td> </tr> </table>	4. <b>Telephone No.:</b>	5. <b>Fax No.:</b>	6 a. <b>Laser Safety Officer (LSO):</b> (Submit qualifications to include education, training and/or experience for new registrations or LSO change.)		b. <b>LSO e-mail address:</b>		7. <b>LSO Business Mailing Address</b> (not residence):	
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b. <b>LSO e-mail address:</b>									
7. <b>LSO Business Mailing Address</b> (not residence):									
<p><b>8. Type of Service</b> (Check all that apply)</p>									
<p><input type="checkbox"/> <b>Align, Calibrate, and Repair:</b> Align, calibrate, or repair to ensure a laser is operating according to manufacturer's specifications.</p> <p><input type="checkbox"/> <b>Demonstration and Sales:</b> Involves an individual who energizes or causes a laser to be energized in order to demonstrate or sell the equipment.</p> <p><input type="checkbox"/> <b>Provider of Equipment (POE):</b> An entity that furnishes a laser on a routine basis to a facility for limited time periods.</p> <ul style="list-style-type: none"> <li>• Will you provide personnel to operate equipment?                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes - If yes, Operating &amp; Safety Procedures <b>must</b> be submitted with this application.</li> <li><input type="checkbox"/> No</li> </ul> </li> </ul>									

9. I hereby accept the responsibilities of Laser Safety Officer as outlined in 25 Texas Administrative Code §289.301. (Submit qualifications to include education, training, and/or experience for new registrations or LSO change).

\_\_\_\_\_  
Signature of Laser Safety Officer                      Date                      Type or Print Name and Title

10. I certify that I have read and understand the applicable rules and agree to comply with them. I understand that it is a violation of DSHS rules and the Texas Penal Code 37.10 to submit false or fraudulent information or documents in order to obtain a registration. All information I have provided on this application is true, correct, and complete 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).