



Texas Department of State Health Services

LASER REGISTRATION APPLICATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 RADIATION SECTION - REGISTRATION UNIT
 Mail Code 1986
 P.O. Box 149347
 Austin, Texas 78714-9347

Phone #: (737) 218-7110
 Fax #: (512) 206-3787
 email: XrayRegistration@dshs.texas.gov

AMENDMENTS ONLY

This application is for users of lasers for Medical, Dental, Veterinary Medicine, Academic, Research, Industrial, and Entertainment/Laser Light Shows.

- **Retain a completed copy of the application for your records.**
- *** See page 3 for further information.**

1. TYPE OF ACTION:

- Business Name Change * Assumed Name Change *
 Laser Safety Officer (LSO) Change *
 Add Equipment Delete Equipment Add Location
 Address Change (*mark all that apply*): Mailing Physical Billing

2. REGISTRATION # Z _____

3. LEGAL BUSINESS NAME as filed with the Texas Secretary of State:

4. ASSUMED NAME (dba), if applicable:

5. LASER SAFETY OFFICER:

Name: _____ Title: _____
 Phone #: _____ Extension #: _____
 Email address: (*required*) _____
All correspondence will be sent to this email address. Ensure this email address is monitored.

6. BUSINESS MAILING ADDRESS:

Phone #: _____ Business Fax #: _____
 Street Address: _____ City: _____
 State: _____ Zip: _____ County: _____

7. BILLING MAILING ADDRESS:

Same as business mailing address
 Phone #: _____ Business Fax #: _____
 Street Address: _____ City: _____
 State: _____ Zip: _____ County: _____

LEGAL NAME: _____ Z _____

8. PHYSICAL LOCATION & LASER INFORMATION:

Copy this page and complete for each additional location where lasers are located.

PHYSICAL LOCATION IN TEXAS: _____ SITE #: _____

Street Address: _____

City: _____ Zip: _____

County: _____ Phone #: _____

LASER INFORMATION:

*Enter the **total number** of laser(s) in each category at this location. Include leased laser(s).*

Total No. of Lasers	Laser Description	Category Code
	Human Use	601
	Mobile Human Use (Lasers used at temporary sites for limited time periods.)	601
	Veterinary Use	601
	Mobile Veterinary Use (Lasers used at temporary sites for limited time periods.)	601
	Academic/Educational/Research (non-human, non-live animal use)	601
	Entertainment/Laser Light Show *	600
	Industrial Use	600
	Portable/Handheld Positive Material Identification (PMI)/LIBS	600
	Pavement Evaluation *	600
	Outdoor Laser Firing (other than pavement evaluation) *	600

** See page 3 for further information.*

9. If the facility has a contracted provider of lasers, complete the following:

Provider name: _____

Provider Registration #: _____ Laser Category Code(s): _____

Address (street, city, & zip code) where laser device will be used:

LEGAL NAME: _____ Z _____

SIGNATURES: This application must be signed by the Laser Safety Officer.

For LSO change, an additional signature is required from the President, Previous LSO, CEO, COO, CFO, Partner, or Owner.

10. LASER SAFETY OFFICER (LSO) SIGNATURE:

- I certify that I will fulfill the duties and accept the responsibilities of the LSO as required in 25 Texas Administrative Code (TAC) §289.301, as applicable.
- I certify that all the information provided herein is true and correct to the best of my knowledge and will comply with all applicable provisions of 25 TAC § 289.301.

Typed or printed name

TX License Board No. or Title

Signature

Date

11. ADDITIONAL SIGNATURE FOR LSO CHANGE:

I certify that all the information provided herein is true and correct to the best of my knowledge and will comply with all applicable provisions of 25 TAC §289.301.

Typed or printed name

TX License Board No. or Title

Signature

Date

Correspondence, including certificates, is sent by email only to the Laser Safety Officer. Ensure that the email address provided is monitored.

Direct any questions to: XrayRegistration@dshs.texas.gov

Visit our website for additional information or documents:

<https://www.dshs.state.tx.us/radiation/lasers/registration.aspx>

*** ADDITIONAL FORMS TO SUBMIT WITH APPLICATION:**

- RC 226-01 Business Information form, *if changing legal or assumed name.*
- RC 42-L Laser Safety Officer, *if changing the LSO.*

*** ADDITIONAL AUTHORIZATION INFORMATION:**

Submit required information and receive Certificate of Registration prior to providing Laser Light Show, Pavement Evaluation, or any other outdoor laser firing.

- Laser Light Show
 - Copy of current FDA Variance, or evidence of Annual Report.
 - Pavement Evaluation
 - Copy of Operating & Safety Procedures.
 - Copy of Outdoor Laser Firing Procedures.
 - Outdoor Laser Firing (other than pavement evaluation)
 - Copy of current FDA Variance, annual report, or correspondence.
 - Copy of Operating & Safety Procedures.
 - Copy of Outdoor Laser Firing Procedures.
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