



**RADIATION SAFETY LICENSING BRANCH
REQUEST FOR TERMINATION OF LASER REGISTRATION**

Before your Certificate of Laser Registration can be terminated, the following requirements must be met: You must request termination of your registration (by completing this form you will have met this requirement), inform us of the disposition of Laser devices and submit any outstanding fees.

I request termination of my Laser Registration.

Registration Number: _____

Registrant Name: _____

Address: _____

Telephone Number: _____

Laser Device Data

Complete the following information to notify us of the disposition of all radiation machine(s). On the "TRANSFERRED TO" line, indicate to whom the equipment was transferred, how it was disposed, or how it was rendered inoperable. (Inoperable means the radiation machine cannot be energized when connected to a power supply.)

Manufacturer: _____

Transferred To: _____

Category Class _____

Address: _____

Site _____

Date of Transfer: _____

Manufacturer: _____

Transferred To: _____

Category Class: _____

Address: _____

Site _____

Date of Transfer: _____

Submit this completed form to the address or fax number below.

Texas Department of State Health Services
Radiation Safety Licensing Branch
P O Box 149347 Mail Code 2835
Austin Texas 78714-9347
Fax 512-834-6716

I certify that the above information is true and correct to the best of my knowledge.

**Signature of laser safety officer or person authorized to act on behalf of registrant.
(Example: President, Registered Agent, CEO, CFO, Partner, Owner):**

SIGNATURE

TITLE

DATE

Additional Laser Device Information

Manufacturer: _____

Category Class _____

Site _____

Transferred To: _____

Address: _____

Date of Transfer: _____

Manufacturer: _____

Category Class _____

Site _____

Transferred To: _____

Address: _____

Date of Transfer: _____

Manufacturer: _____

Category Class _____

Site _____

Transferred To: _____

Address: _____

Date of Transfer: _____

Manufacturer: _____

Category Class _____

Site _____

Transferred To: _____

Address: _____

Date of Transfer: _____

Manufacturer: _____

Category Class _____

Site _____

Transferred To: _____

Address: _____

Date of Transfer: _____