# REGISTRATION APPLICATION FOR 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

Phone #: 512-834-6688 ext 2225
Fax #: 512-834-6717

**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. Incomplete forms will delay the application process.**

**1. LEGAL NAME OF BUSINESS:**
*Use legal name of the business as filed with the Texas Secretary of State Office, if applicable.*

_____

**2. DOING BUSINESS AS {DBA} NAME** (IF APPLICABLE)**:**

_____

**3. MAILING ADDRESS:** (Street Address/City/State/Zip)

_____

_____

County: _____

**4. PHYSICAL LOCATION IN TEXAS:** (Street Address/City/State/Zip)

_____

_____

County: _____

**5. BUSINESS PHONE #:**_____ **EXT #** _____

**6. BUSINESS FAX #:** _____

**7. RADIATION SAFETY OFFICER:** (Required for new registrations, or RSO change.) *Attach qualifications as required in 25 TAC§289.226.*

Name: _____

Telephone number: _____ Ext # _____

Email address: _____

**8. TYPE OF ACTION:** (Check all that apply)

- ❒ New Registration * (Attach appropriate fees)
- ❒ Renewal * of Registration No. R_____
- ❒ Amendment Registration No. R _____
  - ❒ Name Change *
  - ❒ RSO Change
  - ❒ Address Change
  - ❒ Additional Service
  - ❒ Additional Use Location (Texas only) ✸
  - ❒ Remove Use Location (Texas only) ✸
  - ❒ Other:

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

✸ ***Provide address for locations under # 4.***

## 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 leases a radiation machine(s) to a business 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.

❒ **Consult:** Specialized services performed by a Licensed Medical Physicist in order to make measurements or other data. This may include tests to assure proper function of radiation machine equipment. Provide copy of licensure with the application.

❒ **Agency Accepted Training Course:** DSHS approved 40 hour industrial radiographer or well-logging course.

## 10. RADIATION SAFETY OFFICER (RSO):

I, hereby certify that I will fulfill the duties and accept the responsibilities of the RSO as required in 25 Texas Administrative Code (TAC) §289.226.

| Typed or printed name of RSO | Date | Signature |
|---|---|---|

## 11. APPLICANT, OR PERSON DULY AUTHORIZED TO ACT ON BEHALF OF THE APPLICANT:

*Certification must be made by the Administrator, President, Registered Agent, CEO, COO, CFO, Owner, or Site Manager.*

I certify that all of the information provided herein is true and correct to the best of my knowledge, and will comply with all applicable provisions of Title 25, Texas Administration Code, Chapter 289.

| Typed or printed name | 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)