



REGISTRATION APPLICATION FOR LASERS
 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.

1.a. Legal name of business, facility or individual (as registered with the Texas Secretary of State) : b. Business mailing address:		2. Physical address where laser machines will be used and records stored. Submit separate application forms for <u>each</u> additional use location under this registration:	
3. Type of action: (Check all that apply) <input type="checkbox"/> New Registration* (Attach appropriate fee) <input type="checkbox"/> Renewal of Registration* No. Z _____ <input type="checkbox"/> Amendment to Registration No. Z _____ <input type="checkbox"/> Name Change* <input type="checkbox"/> Add Equipment <input type="checkbox"/> LSO Change <input type="checkbox"/> Delete Equipment <input type="checkbox"/> Licensed Practitioner Change <input type="checkbox"/> Remove a Use Location** <input type="checkbox"/> Address Change <input type="checkbox"/> Additional Use Location** <input type="checkbox"/> Mailing <input type="checkbox"/> Physical		4. Telephone No.:	5. Fax No.:
*Submit Business Information Form (RC 226-1) for new and renewal applications and company name changes. **Provide address in box 2 above.		6. a. Laser Safety Officer (LSO): (Submit qualifications to include education, training, and/or experience for new registrations or LSO change.) b. LSO e-mail Address:	
		7. LSO Business Mailing Address (not residence):	

8. Laser Machine Data and Use Category (Only Class IIIb and Class IV lasers require registration.)

Check (√) the appropriate use(s) category box and indicate the **total** number of laser machines you possess at your facility. If you are amending a registration, list the **total** number of machines at your facility incorporating the changes of equipment within the new total.

√	Use Category	Total No. of Lasers
<input type="checkbox"/>	Human • Will hair removal procedures be conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	Veterinary	
<input type="checkbox"/>	Industrial	
<input type="checkbox"/>	Academic/Educational (non-human use)	

√	Use Category	Total No. of Lasers
<input type="checkbox"/>	Research (non-human use)	
<input type="checkbox"/>	Mobile ***	
<input type="checkbox"/>	Entertainment (Laser Light Show) ****	
<input type="checkbox"/>	Other:	

*** If the laser travels outside the facility (address listed in box 2 of this application) a Certificate of Registration with mobile authorization must be received BEFORE operation begins.
 **** A copy of your valid FDA variance must be submitted with this application.

9. **Safety Procedures:** By checking (√) the boxes below, you agree that you will abide by the required safety procedures at each facility. Each box **must** be checked or the application will be considered incomplete.

<input type="checkbox"/>	Use of proper protective eyewear.
<input type="checkbox"/>	Proper signage, labeling, posting, and barriers.
<input type="checkbox"/>	Operating and safety procedures and operator's manual readily available.

10. As a licensed practitioner of the healing arts, I do hereby affirm that I am associated with this applicant and provide supervision to non practitioners administering laser radiation to human beings or animals. I understand a practitioner's use of a laser is limited to his/her scope of professional practice as determined by the appropriate licensing agency.

Signature of Licensed Practitioner***** Date _____
Typed or Printed Name _____
TX License Board No.

*****The signature of the administrator, President, Chief Executive Officer (CEO) will be accepted in lieu of a licensed practitioner's signature the facility is a licensed hospital or medical facility with more than one licensed practitioner who may direct the operation of radiation machines.

11. 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 _____
Typed or Printed Name

12. 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 any 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 _____
Typed or Printed Name

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).