



**MAMMOGRAPHY UNIT TRANSFER/DISPOSAL FORM**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
RADIATION SAFETY LICENSING BRANCH (RSLB)  
P.O. Box 149347  
Austin, Texas 78714-9347

This form can be used to notify the agency of the disposition of any radiation machine(s) which is transferred, disposed of or rendered inoperable. If the radiation machine(s) is discarded or any part of the machine(s) disassembled to prevent the machine(s) from being energized, by completing and submitting this form the machine(s) will be removed from your registration.

This form may be mailed to the address above or faxed to (512) 834-6716. For further questions, contact RSLB-Registration at (512) 834-6688 ext 2225.

Certification Number:   M   Telephone Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

**MAMMOGRAPHY UNIT INFORMATION**

Complete the following information for each mammography unit which is no longer in use. The manufacturer name and serial number must match those listed on the Certification of Mammography Systems.

Mammography Unit:    Transferred    Stored    Disposed    Inoperable   Date: \_\_\_\_\_

Manufacturer \_\_\_\_\_ Model Name \_\_\_\_\_

Serial Number: \_\_\_\_\_

Transferred/Disposed to: \_\_\_\_\_

Address: \_\_\_\_\_

Mammography Unit:    Transferred    Stored    Disposed    Inoperable   Date: \_\_\_\_\_

Manufacturer \_\_\_\_\_ Model Name \_\_\_\_\_

Serial Number: \_\_\_\_\_

Transferred/Disposed to: \_\_\_\_\_

Address: \_\_\_\_\_

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**SIGNATURE of the applicant or person duly authorized to act on behalf of applicant:**

(Example: President, Registered Agent, CEO, CFO, Partner, Owner)

\_\_\_\_\_  
SIGNATURE TITLE DATE

\_\_\_\_\_  
PRINTED NAME TITLE DATE

**ADDITIONAL EQUIPMENT INFORMATION.**

**Certification Number:**   M  

**Mammography Unit:**    Transferred    Stored    Disposed    Inoperable   **Date:** \_\_\_\_\_

Manufacturer \_\_\_\_\_ Model Name \_\_\_\_\_

Serial Number: \_\_\_\_\_

Transferred/Disposed to: \_\_\_\_\_

Address: \_\_\_\_\_

**Mammography Unit:**    Transferred    Stored    Disposed    Inoperable   **Date:** \_\_\_\_\_

Manufacturer \_\_\_\_\_ Model Name \_\_\_\_\_

Serial Number: \_\_\_\_\_

Transferred/Disposed to: \_\_\_\_\_

Address: \_\_\_\_\_

**Mammography Unit:**    Transferred    Stored    Disposed    Inoperable   **Date:** \_\_\_\_\_

Manufacturer \_\_\_\_\_ Model Name \_\_\_\_\_

Serial Number: \_\_\_\_\_

Transferred/Disposed to: \_\_\_\_\_

Address: \_\_\_\_\_

**Mammography Unit:**    Transferred    Stored    Disposed    Inoperable   **Date:** \_\_\_\_\_

Manufacturer \_\_\_\_\_ Model Name \_\_\_\_\_

Serial Number: \_\_\_\_\_

Transferred/Disposed to: \_\_\_\_\_

Address: \_\_\_\_\_