



Texas Department of State
Health Services

TERMINATION REQUEST OF LASER REGISTRATION

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

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

Note: Using this form will terminate the Certificate of Registration or location. Use the required application for equipment changes.

In order to terminate the Certificate of Registration, the following information must be provided.

I request termination of: Entire Registration Site/Use location

Reason for termination: Office Closed Change of Ownership/Sold Business
Deceased Owner Location Closed Other: _____

Registration Number: **Z**_____ Business Phone Number: _____

Legal Name of Business: _____

Business Address: _____

Contact name: _____

Contact Phone Number: _____ Email address: _____

Contact Address: _____ Correspondence will be sent to the above email address.

LASER INFORMATION

This section is required for all facilities except service companies.

Complete the following information for each laser that is no longer in use.

1. Laser: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

2. Laser: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

3. Laser: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

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

(Example: LSO, President, CEO, COO, CFO, Partner, and Owner)

I certify that the information on this form is true and correct.

PRINTED NAME

PRINTED TITLE

SIGNATURE

DATE

ADDITIONAL LASER INFORMATION

Registration Number: **Z** _____

4. Laser: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

5. Laser: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

6. Laser: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

7. Laser: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

8. Laser: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

9. Laser: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

10. Laser: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____