



Texas Department of State  
Health Services

## LASER REGISTRATION APPLICATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
RADIATION SECTION – REGISTRATION BRANCH

Mail Code 2003  
P.O. Box 149347  
Austin, Texas 78714-9347

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

**This application is for users of lasers for Medical, Dental, Veterinary Medicine, Academic, Research, Industrial, and Entertainment/Laser Light Shows.**

- **Retain a completed copy of the application for your records.**
- **Additional forms may be required. See page 3 for instructions and requirements.**

- TYPE OF ACTION: New Registration  
**Registration Number: Z** \_\_\_\_\_ (Required for any of the below actions)  
Renewal Business Name Change Assumed Name Change  
Laser Safety Officer (LSO) Change  
Add Equipment Delete Equipment Additional Use Location  
Address Change (*mark all that apply*): Mailing Physical Billing
- LEGAL BUSINESS NAME *as filed with the Texas Secretary of State*:  
\_\_\_\_\_
- ASSUMED NAME (dba), if applicable:  
\_\_\_\_\_
- LASER SAFETY OFFICER:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Extension #: \_\_\_\_\_  
Email address: (**required**) \_\_\_\_\_  
*All correspondence will be sent to this email address. Ensure this email address is monitored.*
- BUSINESS MAILING ADDRESS:  
Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_
- BILLING ADDRESS: Same as business mailing address  
Phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

LEGAL BUSINESS NAME: \_\_\_\_\_ Z \_\_\_\_\_

**7. PHYSICAL LOCATION & LASER INFORMATION:**

*Copy this page and complete for each additional location where lasers are located.*

PHYSICAL LOCATION IN TEXAS: \_\_\_\_\_ SITE #: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone #: \_\_\_\_\_

**LASER INFORMATION:**

***Enter the total number of lasers in each category at this location. Include leased lasers.***

Total No. of Lasers	Laser Description	Category Code
	<b>Human</b> <i>Are any of the lasers mobile*?    Yes    Total Mobile Lasers _____</i> <b>Lasers that do not leave the physical location and are only moved between rooms are not considered mobile. See definition below.</b>	601
	<b>Veterinary</b> <i>Are any of the lasers mobile*?    Yes    Total Mobile Lasers _____</i> <b>Lasers that do not leave the physical location and are only moved between rooms are not considered mobile. See definition below.</b>	601
	<b>Academic/Educational</b> ( <i>non-human, non-live animal use</i> )	601
	<b>Research</b>	601
	<b>Entertainment/Laser Light Show</b>	600
	<b>Industrial Use</b>	600
	<b>Portable/Handheld Positive Material Identification (PMI)/Laser Induced Breakdown Spectroscopy (LIBS)</b>	600
	<b>Pavement Evaluation</b>	600
	<b>Outdoor Laser Firing</b> ( <i>other than pavement evaluation</i> )	600

***\*Mobile - The provision of lasers and personnel at temporary sites for limited time periods. The lasers may be fixed inside a motorized vehicle or may be a portable laser that may be removed from the vehicle and taken into a facility for use.***

LEGAL BUSINESS NAME: \_\_\_\_\_ Z \_\_\_\_\_

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**SIGNATURES: Digital signatures must be certified to be accepted.**

This application is to be signed by:

- The Laser Safety Officer. (Sign in Section 8) **Required for all applications**
  - The Licensed Physician, if applicable. (Sign in Section 9) **Required for new and renewal**
  - The Applicant. (Sign in Section 10) **Required for new and renewal**
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**8. LASER SAFETY OFFICER (LSO):**

- I certify that I will fulfill the duties and accept the responsibilities of the LSO as required in 25 TAC §289.301.
- I certify that all the information provided herein is true and correct to the best of my knowledge and will comply with all applicable provisions of 25 TAC §289.301.

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
TX License Board No. or Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**9. LICENSED PHYSICIAN: (MD, DO, DDS, DMD, DC, DVM, DPM)**

- As a **licensed physician**, I certify that I am the owner or associated with this applicant and provide supervision to non-practitioners administering laser radiation to human beings or animals in accordance with Title 25, Texas Administrative Code (TAC) §289.301.
- I certify that I am qualified and agree to carry out those duties and responsibilities as the Licensed Physician.
- I certify that all the information provided herein is true and correct to the best of my knowledge and will comply with all applicable provisions of 25 TAC §289.301.

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
TX License Board No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**10. APPLICANT OR PERSON DULY AUTHORIZED TO ACT ON BEHALF OF THE APPLICANT:**

I certify that all 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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**This page is for information only and *SHOULD NOT* be returned.**

**Correspondence, including certificates, is sent by email only to the Laser Safety Officer. Ensure that the email address provided is monitored.**

**Direct any questions to: [XrayRegistration@dshs.texas.gov](mailto:XrayRegistration@dshs.texas.gov)**

For additional information or documents visit:

<https://www.dshs.state.tx.us/radiation/lasers/registration.aspx>

**NEW APPLICATIONS AND FEES:**

- See fee schedule RC 204
- Mail application packet and fees to address on page 1
- Business Information Form
- LSO Form

**RENEWALS:**

- Business Information Form
- LSO Form

**NAME CHANGES:**

- Business Information Form

**LASER LIGHT SHOW:**

Submit the required information and receive a Certificate of Registration before performing a laser light show.

- Copy of current FDA Variance or evidence of Annual Report

**PAVEMENT EVALUATION:**

Submit the required information and receive a Certificate of Registration before operating the laser(s).

- Outdoor Laser Firing Procedures
- Operating & Safety Procedures

**OUTDOOR LASER FIRING (other than pavement evaluation):**

Submit the required information and receive a Certificate of Registration before operating the laser(s).

- Copy of current FDA Variance, Annual Report, or correspondence
- Outdoor Laser Firing Procedures
- Operating & Safety Procedures