Phone #: (737) 218-7087

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Texas Department of State Health Services

## **BUSINESS INFORMATION FORM**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES RADIATION SECTION - MAMMOGRAPHY BRANCH Mail Code 1986

Mail Code 1986
P.O. Box 149347
Austin, Texas 78714-9347

RAMMOGRAPHY BRANC
Email: Man

Email: MammographyBranch@dshs.texas.gov

☐ New Facility ☐ Billing Address Change ☐ Renewal Certification #: M	
Legal Name of Business:	
Doing Business As name (if applicable):	
Billing Phone Number:	Business Phone Number:
Billing Address: (Street/City/State/Zip)	Business Mailing Address: (Street/City/State/Zip)  Game as Billing Address (Check box.):
AUTHORIZATION TO CONDUCT BUSINESS IN TEXAS  Check only one and submit required documentation.  Corporation (Inc., PC, LC, S-Corp, C-Corp); Professional Limited Liability Company	
	rity/District/Foundation; Sole Proprietorship; or
	dentification Number (EIN) certificate issued by the ther documentation confirming your EIN.
☐ Non-Profit  Attach a copy of your IRS Determine submit your "certificate of filing."	ination letter. If using an assumed (dba) name, also
Texas Secretary of State website: www.sos	s.texas.gov Phone #: (512) 463-5555
SIGNATURE of the applicant, or person dula (Example: President, Registered Agent, CEO) I certify that the information on this form i	•
PRINTED NAME	PRINTED TITLE
SIGNATURE	DATE