



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

## TERMINATION REQUEST OF RADIATION MACHINE 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: **R**\_\_\_\_\_ 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.

### RADIATION MACHINE INFORMATION

**This section is required for all facilities except service companies.**

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

**1. Machine:** Stored/Inoperable Transferred/Sold Disposed **Date:** \_\_\_\_\_

Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Machine Category: \_\_\_\_\_

Transferred To: \_\_\_\_\_

Address Transferred/Disposed/Stored: \_\_\_\_\_

**2. Machine:** Stored/Inoperable Transferred/Sold Disposed **Date:** \_\_\_\_\_

Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Machine Category: \_\_\_\_\_

Transferred To: \_\_\_\_\_

Address Transferred/Disposed/Stored: \_\_\_\_\_

**3. Machine:** Stored/Inoperable Transferred/Sold Disposed **Date:** \_\_\_\_\_

Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Machine Category: \_\_\_\_\_

Transferred To: \_\_\_\_\_

Address Transferred/Disposed/Stored: \_\_\_\_\_

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

(Example: RSO, 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 MACHINE INFORMATION

Registration Number: **R** \_\_\_\_\_

**4. Machine:**    **Stored/Inoperable**    **Transferred/Sold**    **Disposed**    **Date:** \_\_\_\_\_

Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Machine Category: \_\_\_\_\_

Transferred To: \_\_\_\_\_

Address Transferred/Disposed/Stored: \_\_\_\_\_

**5. Machine:**    **Stored/Inoperable**    **Transferred/Sold**    **Disposed**    **Date:** \_\_\_\_\_

Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Machine Category: \_\_\_\_\_

Transferred To: \_\_\_\_\_

Address Transferred/Disposed/Stored: \_\_\_\_\_

**6. Machine:**    **Stored/Inoperable**    **Transferred/Sold**    **Disposed**    **Date:** \_\_\_\_\_

Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Machine Category: \_\_\_\_\_

Transferred To: \_\_\_\_\_

Address Transferred/Disposed/Stored: \_\_\_\_\_

**7. Machine:**    **Stored/Inoperable**    **Transferred/Sold**    **Disposed**    **Date:** \_\_\_\_\_

Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Machine Category: \_\_\_\_\_

Transferred To: \_\_\_\_\_

Address Transferred/Disposed/Stored: \_\_\_\_\_

**8. Machine:**    **Stored/Inoperable**    **Transferred/Sold**    **Disposed**    **Date:** \_\_\_\_\_

Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Machine Category: \_\_\_\_\_

Transferred To: \_\_\_\_\_

Address Transferred/Disposed/Stored: \_\_\_\_\_

**9. Machine:**    **Stored/Inoperable**    **Transferred/Sold**    **Disposed**    **Date:** \_\_\_\_\_

Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Machine Category: \_\_\_\_\_

Transferred To: \_\_\_\_\_

Address Transferred/Disposed/Stored: \_\_\_\_\_

**10. Machine:**    **Stored/Inoperable**    **Transferred/Sold**    **Disposed**    **Date:** \_\_\_\_\_

Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Machine Category: \_\_\_\_\_

Transferred To: \_\_\_\_\_

Address Transferred/Disposed/Stored: \_\_\_\_\_