



Texas Department of State
Health Services

RADIATION MACHINE SERVICES REGISTRATION APPLICATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

RADIATION MACHINE SOURCE UNIT

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 Assemblers, Installers, Demonstrations and Sales,
Providers of Equipment, and Consultants of Radiation Machines.**

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

1. TYPE OF ACTION: New Registration

Registration Number R _____ (Required for any of the below actions)

Renewal

Business Name Change

Assumed Name Change

Radiation Safety Officer Change

Additional Service

Additional Record Location (in Texas only)

Address Change (*mark all that apply*):

Mailing

Physical

Billing

2. LEGAL BUSINESS NAME *as filed with the Texas Secretary of State*:

3. ASSUMED NAME (dba), if applicable:

4. RADIATION SAFETY OFFICER:

Name: _____

Phone #: _____ Extension #: _____

Email address: **(required)** _____

All correspondence will be sent to this email address. Ensure this email address is monitored.

5. BUSINESS MAILING ADDRESS:

Phone #: _____ Business Fax #: _____

Street Address: _____ City: _____

State: _____ Zip: _____ County: _____

6. BILLING ADDRESS: Same as business mailing address

Phone #: _____

Street Address: _____ City: _____

State: _____ Zip: _____ County: _____

LEGAL BUSINESS NAME: _____ **R**_____

7. PHYSICAL ADDRESS IN TEXAS: Not applicable, no Texas address

Street Address: _____

City: _____ Zip: _____

Texas County: _____ Phone #: _____

8. TYPE OF SERVICE (*check all that apply*):

Assembler, Installation, and Repair: Assembles, installs, or repairs to ensure a radiation machine is operating according to the manufacturer's specifications.

Demonstration and Sales: Involves an individual who energizes or causes a radiation machine to be energized to demonstrate or sell the equipment.

What type of equipment will be demonstrated? _____

Provider of Equipment (POE): An entity that leases a radiation machine(s) to a business for limited periods.

What type of equipment will be provided? _____

Will you provide personnel to operate the equipment?

No

Yes, submit a copy of the Operating & Safety Procedures with this application.

Consult: Provide expertise to ensure the proper function of radiation machines and compliance with 25 TAC §289.

SIGNATURES: Digital signatures must be certified to be accepted.

This application is to be signed by the Radiation Safety Officer

9. RADIATION SAFETY OFFICER (RSO):

- I certify that I will fulfill the duties and accept the responsibilities of the RSO as required in 25 TAC §289.226 as applicable.
- 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 §289.226.

Typed or printed name

Title

Signature

Date

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

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

Direct any questions to: XrayRegistration@dshs.texas.gov

For additional information or documents visit:

<https://www.dshs.state.tx.us/radiation/x-ray/medical-faq.aspx>

NEW APPLICATIONS AND FEES:

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

RENEWALS:

- Business Information Form
- RSO Form

RADIATION SAFETY OFFICER CHANGES:

- RSO Form

NAME CHANGES:

- Business Information Form