RADIATION MACHINE SERVICES REGISTRATION APPLICATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SECTION - REGISTRATION UNIT

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

Phone #: (737) 218-7110
Fax #: (512) 203-3787
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.**
- **Email us with any questions.**
- ☀ *See page 3 for further information.*

1. TYPE OF ACTION:
- ☐ New Registration ☀
- ☐ Renewal ☀   Registration # R_____
- ☐ Amendment   Registration # R_____
  - ☐ Name Change ☀   ☐ Radiation Safety Officer ☀
  - ☐ Assumed Name 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 MAILING ADDRESS**:**   ☐ Same as business mailing address

Phone #:_____   Business Fax #: _____

Street Address:_____   City:_____

State: _____   Zip:_____   County*:* _____

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

Street Address: _____

City: _____ Zip:_____

Texas County: _____ Phone #: _____

8. <u>TYPE OF SERVICE</u> *(check all that apply)***:**

☐ <u>Assembler, Installation, and Repair</u>**:** Assembles, installs, or repairs to ensure a radiation machine is operating according to manufacturer's specifications.

☐ <u>Demonstration and Sales</u>**:** 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? _____

☐ <u>Provider of Equipment (POE)</u>**:** An entity that leases a radiation machine(s) to a business for limited time periods.

What type of equipment will be provided? _____

Will you provide personnel to operate equipment?
☐ No
☐ Yes, submit a copy of the Operating & Safety Procedures with this application.

☐ <u>Consult</u>**:** Provide expertise to ensure proper function of radiation machines and compliance with 25 TAC §289.

<u>SIGNATURES</u>: This application is to be signed by Radiation Safety Officer **<u>and</u>** Applicant.

9. RADIATION SAFETY OFFICER (RSO):

• I certify that I will fulfill the duties and accept the responsibilities of the RSO as required in 25 Texas Administrative Code (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

10. APPLICANT, OR PERSON DULY AUTHORIZED TO ACT ON BEHALF OF THE APPLICANT**:**
Certification must be made by the Administrator, President, CEO, COO, CFO, Partner, or Owner.

I certify that all of 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

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

Visit our website to download the appropriate documents listed below:

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

✳ ADDITIONAL FORMS TO SUBMIT WITH APPLICATION:

- RC 226-01   Business Information Form
- RC 42-I or RC 42-IR   Radiation Safety Officer

NEW APPLICATIONS AND FEES:

- For new application fees, see fee schedule RC 204.
- Mail application packet and fees to address on page 1.