



Texas Department of State  
Health Services

## TERMINATION REQUEST OF LASER 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 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: **Z**\_\_\_\_\_ 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.

### LASER INFORMATION

**This section is not required for service companies.**

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

**1. Laser:** Stored/Inoperable Transferred/Sold Disposed Date: \_\_\_\_\_  
Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Laser Category: \_\_\_\_\_  
Transferred To: \_\_\_\_\_  
Address Transferred/Disposed/Stored: \_\_\_\_\_

**2. Laser:** Stored/Inoperable Transferred/Sold Disposed Date: \_\_\_\_\_  
Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Laser Category: \_\_\_\_\_  
Transferred To: \_\_\_\_\_  
Address Transferred/Disposed/Stored: \_\_\_\_\_

**3. Laser:** Stored/Inoperable Transferred/Sold Disposed Date: \_\_\_\_\_  
Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Laser Category: \_\_\_\_\_  
Transferred To: \_\_\_\_\_  
Address Transferred/Disposed/Stored: \_\_\_\_\_

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

(Example: LSO, 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 LASER INFORMATION

Registration Number: **Z** \_\_\_\_\_

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

Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Laser Category: \_\_\_\_\_

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

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

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

Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Laser Category: \_\_\_\_\_

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

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

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

Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Laser Category: \_\_\_\_\_

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

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

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

Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Laser Category: \_\_\_\_\_

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

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

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

Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Laser Category: \_\_\_\_\_

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

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

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

Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Laser Category: \_\_\_\_\_

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

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

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

Site Number: \_\_\_\_\_ Site address: \_\_\_\_\_ Laser Category: \_\_\_\_\_

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

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