



REQUEST FOR REGISTRATION TERMINATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SAFETY LICENSING BRANCH (RSLB)
P.O. Box 149347
Austin, Texas 78714-9347

Before the Certificate of Registration can be terminated, the following information must be submitted along with any outstanding fees. This form may be mailed to the address above or faxed to (512) 834-6716. For further questions, contact RSLB-Registration at (512) 834-6688 ext 2225.

I request termination of the Certificate of Registration.

Registration Number: R _____ Contact phone number: _____

Registrant Name: _____

Address: _____

RADIATION MACHINE DATA

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

Machine: Stored Transferred Disposed Inoperable Date: _____

Site Number: _____ Category Code: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

Machine: Stored Transferred Disposed Inoperable Date: _____

Site Number: _____ Category Code: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

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

(Example: President, Registered Agent, CEO, CFO, Partner, Owner)

SIGNATURE TITLE DATE

PRINTED NAME TITLE DATE

