



**BUSINESS INFORMATION FORM**  
 TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
 RADIATION SAFETY LICENSING BRANCH  
 P.O. Box 149347  
 Austin, Texas 78714-9347

Registration or Certification number: \_\_\_\_\_  New Facility

Legal Name of Facility: \_\_\_\_\_  
*The legal name of the facility as filed with the Texas Secretary of State Office.*

Doing Business As name (if applicable): \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Billing Phone Number: \_\_\_\_\_

Business Physical Location: (Street/City/State/Zip) \_\_\_\_\_ Billing Address: (Street/City/State/Zip)  
*If different from Business Physical Location*

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Complete the appropriate section for the business. For more information concerning Texas Secretary of State Charter or File Number call 800-252-1381 or visit: [www.sos.state.tx.us](http://www.sos.state.tx.us). Employer Identification Number (EIN) also known as "Federal Tax ID Number" is a 9-digit number assigned by the IRS in the following format: 12-3456789.

**1. CORPORATION TYPE:** \_\_\_\_\_ STATE CHARTER or FILE #: \_\_\_\_\_

President or Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_

*For multiple partners, copy this section:*

**2. PARTNERSHIP TYPE:** \_\_\_\_\_ STATE CHARTER or FILE #: \_\_\_\_\_

Name of Partner: \_\_\_\_\_

Address: \_\_\_\_\_

**3. GOVERNMENT ENTITY:** \_\_\_\_\_ EIN #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**4. IF NONE OF THE ABOVE:** \_\_\_\_\_ EIN #: \_\_\_\_\_  
**(Including General Partnerships & Sole Proprietorships)**

Owner of business: \_\_\_\_\_

Address: \_\_\_\_\_

**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

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request to be informed about information the State of Texas collects on you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).