

Texas Department of State Health Services

RADIATION MACHINE SERVICES REGISTRATION APPLICATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES RADIATION MACHINE SOURCE UNIT

Mail Code 2003 Phone #: (737) 218-7110 P.O. Box 149347 Fax #: (512) 206-3787 Austin, Texas 78714-9347 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

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	TYPE OF ACTION:	New Registrat	ion			
	Registration Number R (Required for any of the below actions)					
	Renewal Business Name Change Assumed Name Change Radiation Safety Officer Change Additional Service					
		rd Location (in Te	• •			
	Address Change (mai	rk all that apply):	Mailing	Physical	Billing	
	LEGAL BUSINESS NAME as filed with the Texas Secretary of State:					
ASSUMED NAME (dba), if applicable:						
	ASSOMED WAME (abd), ii applicable.					
	RADIATION SAFETY OFFICER:					
	Name:					
	Phone #:		Extension :	#:		
	Phone #: Extension #:					
	Email address: (required)					
	BUSINESS MAILING ADD					
	Phone #:		Business Fax	#:		
	Street Address:		City	/: <u></u>		
	State:	Zip:	County:			
		<u> </u>				
	BILLING ADDRESS: Same as business mailing address					
	Phone #:	_				
	Street Address:		City	/:		
	Stato					

LEG	GAL BUSINESS NAME:	R				
7.	PHYSICAL ADDRESS IN TEXAS:	Not applicable, no Texas address				
	Street Address:					
	City:					
	Texas County:	Phone #:				
8.	TYPE OF SERVICE (check all that apply):					
	Assembler, Installation, and Repair: radiation machine is operating according	Assembles, installs, or repairs to ensure a ng to the manufacturer's specifications.				
	<u>Demonstration and Sales</u> : Involves an individual who energizes or causes a radiati 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 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 TAC §289.226 as applicable. I certify that all the information provided herein is true and correct to the best of my knowled 					
	and will comply with all applicable provisions of 25 TAC §289.226.					
Typed or printed name		Title				
Signa	ature	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: <u>XrayRegistration@dshs.texas.gov</u>

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

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