



TERMINATION REQUEST OF LASER REGISTRATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SECTION - REGISTRATION UNIT

Mail Code 1986
P.O. Box 149347
Austin, Texas 78714-9347

Phone #: (737) 218-7110
Fax #: (512) 206-3787

Email: XRAYregistration@dshs.texas.gov

Texas Department of State Health Services

Before the Certificate of Laser Registration can be terminated, the following information must be submitted.

Note: Do not use this form for Mammography, Medical Radiation Machines, Industrial Radiation Machines, or Radiation Machine Services.

I request termination of: [] Entire Registration [] Site/Use location:
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.

LASER INFORMATION

This section is not required for Laser Services.
Complete the following information for each laser which 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

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: _____