



Texas Department of State Health Services

LASER SERVICES REGISTRATION APPLICATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SECTION - REGISTRATION UNIT

Mail Code 2003
P.O. Box 149347
Austin, Texas 78714-9347

Phone #: (737) 218-7110
Fax #: (512) 206-3787
email: XrayRegistration@dshs.texas.gov

This application is for Aligning, Calibrating, Installing, Repairing, Demonstrations and Sales, and Providers of Laser Equipment.

- Retain a completed copy of the application for your records.
* See page 3 for further information.

1. TYPE OF ACTION:

- New Registration *
Renewal Registration # Z
Amendment Registration # Z
Business Name Change *
Assumed Name Change *
Additional Record Location (in Texas only)
Address Change (mark all that apply): Mailing Physical Billing
Laser Safety Officer Change *
Additional Service

2. LEGAL BUSINESS NAME as filed with the Texas Secretary of State:

3. ASSUMED NAME (dba), if applicable:

4. LASER SAFETY OFFICER:

Name: _____

Phone #: _____ Extension #: _____

Email address: (required) _____

All correspondence will be sent to this email address. Ensure this email address is monitored.

5. BUSINESS MAILING ADDRESS:

Phone #: _____ Business Fax #: _____

Street Address: _____ City: _____

State: _____ Zip: _____ County: _____

6. BILLING MAILING ADDRESS:

Same as business mailing address

Phone #: _____ Business Fax #: _____

Street Address: _____ City: _____

State: _____ Zip: _____ County: _____

LEGAL NAME: _____ **Z** _____

7. PHYSICAL ADDRESS IN TEXAS: Not applicable, no Texas address

Street Address: _____

City: _____ Zip: _____

Texas County: _____ Phone #: _____

8. TYPE OF SERVICE (check all that apply):

Align, Calibrate, Install, and Repair: Align, calibrate, install, or repair to ensure a laser is operating according to manufacturer's specification.

Demonstration and Sales: Involves an individual who energizes or causes a laser to be energized to demonstrate or sell the equipment.

Provider of Equipment (POE): An entity that leases a laser on a routine basis to a facility for limited time periods.

Will you provide personnel to operate equipment?

No

Yes. Submit a copy of the Operating & Safety Procedures with this application.

SIGNATURES: This application is to be signed by Laser Safety Officer **and** Applicant.

9. LASER SAFETY OFFICER (LSO):

• I certify that I will fulfill the duties and accept the responsibilities of the LSO as required in 25 TAC §289.301 as applicable.

• I certify that all the information provided herein is true and correct to the best of my knowledge and will comply with all applicable provisions of 25 TAC §289.301.

Typed or printed name

Title

Signature

Date

10. APPLICANT, OR PERSON DULY AUTHORIZED TO ACT ON BEHALF OF THE APPLICANT:

Certification must be made by the Administrator, President, CEO, COO, CFO, Partner, or Owner.

I certify that all the information provided herein is true and correct to the best of my knowledge and will comply with all applicable provisions of Title 25, Texas Administration Code, Chapter 289.

Typed or printed name

Title

Signature

Date

LEGAL NAME: _____ Z _____

Correspondence, including certificates, is sent by email only to the Laser Safety Officer. Ensure that the email address provided is monitored.

Direct any questions to: XrayRegistration@dshs.texas.gov

Visit our website for additional information or documents:

<https://www.dshs.state.tx.us/radiation/lasers/registration.aspx>

*** ADDITIONAL FORMS THAT MUST BE SUBMITTED WITH APPLICATION:**

- RC 226-01 Business Information form
- RC 42-L Laser Safety Officer

NEW APPLICATIONS AND FEES:

- For new application fees, see fee schedule RC 204.
 - Mail application packet and fees to address on page 1.
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