



Texas Department of State Health Services

# BUSINESS INFORMATION FORM

TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
 RADIATION MACHINE SOURCE 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

New Facility    Billing Address Change    Renewal   Registration or Certification #: \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_

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

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

Billing Address: (Street/City/State/Zip) \_\_\_\_\_      Business Mailing Address: (Street/City/State/Zip) \_\_\_\_\_  
 Same as Billing Address (Check box.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AUTHORIZATION TO CONDUCT BUSINESS IN TEXAS

**Check only one and submit required documentation.**

- Corporation (Inc., PC, LC, S-Corp, C-Corp); Professional Limited Liability Company (PLLC, LLC); Limited Partnership (LP, LLP, LLLP), or Professional Association (PA)**  
*Attach a copy of your "certificate of filing" issued by the Texas Secretary of State. If using an assumed (dba) name, also submit your "certificate of filing."*
- Government Entity; Hospital Authority/District/Foundation; Sole Proprietorship; or General Partnership**  
*Attach a copy of your Employer Identification Number (EIN) certificate issued by the Internal Revenue Service (IRS), or other documentation confirming your EIN.*
- Non-Profit**  
*Attach a copy of your IRS Determination letter. If using an assumed (dba) name, also submit your "certificate of filing."*

Texas Secretary of State website: [www.sos.state.tx.us](http://www.sos.state.tx.us)      Phone #: (512) 463-5578

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

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

**I certify that the information on this form is true and correct.**

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 PRINTED TITLE

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE