



TEXAS
Health and Human
Services

Texas Department of State
Health Services

BUSINESS INFORMATION FORM

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION MACHINE SOURCE GROUP
Mail Code 2835
P.O. Box 149347
Austin, Texas 78714-9347

Phone #: (737) 218-7110
Fax #: (512) 834-6717 OR (512) 834-6716

Complete and submit form.

New Billing Address Change Current Registration or Certification number: _____

Legal Name of Business: _____

Doing Business As name (if applicable): _____

Billing Phone Number: _____ Business Phone Number: _____

Billing Address: (Street/City/State/Zip) _____ 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 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

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about 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)