



Texas Department of State Health Services

INDUSTRIAL RADIATION MACHINE REGISTRATION APPLICATION
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
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email: XrayRegistration@dshs.texas.gov

AMENDMENTS ONLY

This application is for users of Industrial Radiation Machines.

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

1. TYPE OF ACTION:

- Business Name Change *
Assumed Name Change *
Radiation Safety Officer Change *
Add Equipment
Delete Equipment
Add Location
Address Change (mark all that apply): Mailing Physical Billing

2. REGISTRATION # R _____

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

4. ASSUMED NAME (dba), if applicable:

5. RADIATION SAFETY OFFICER:

Name: _____ Title: _____

Phone #: _____ Extension #: _____

Email address: (required) _____

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

6. BUSINESS MAILING ADDRESS:

Phone #: _____ Business Fax #: _____

Street Address: _____ City: _____

State: _____ Zip: _____ County: _____

7. BILLING MAILING ADDRESS:

Same as business mailing address

Phone #: _____ Business Fax #: _____

Street Address: _____ City: _____

State: _____ Zip: _____ County: _____

8. PHYSICAL LOCATION & RADIATION MACHINE INFORMATION:

Copy this page and complete for each additional location where radiation machines are located.

PHYSICAL LOCATION IN TEXAS: _____ SITE #: _____

Street Address: _____

City: _____ Zip: _____

County: _____ Phone #: _____

RADIATION MACHINE INFORMATION:

*Enter the **total number** of radiation machines in each category at this location.*

Total No. of Machines	Radiation Machine Description
	Category Code 572: Minimal Threat Machine
	X-Ray Fluorescence (closed beam)
	Certified Cabinet
	Package
	X-Ray Diffraction (closed beam)
	Particle Size Analyzer
	Ion-Implant
	Electron Beam Welding
	Cathodoluminescence
	X-Ray Gauge
	Category Code 573: Other Industrial Machine
	Portable / Handheld X-Ray Fluorescence (XRF) or Positive Material Identification (PMI) (open beam)
	Full Body Scanner
	* Industrial Accelerator
	Flash X-Ray <input type="checkbox"/> Portable <input type="checkbox"/> Stationary
	Research (non-human/non-live animal use)
	Morgues / Forensics (non-human/non-live animal use)
	Fluoroscopy X-Ray
	Spectrography X-Ray
	X-Ray Diffraction (open beam)
	Education (non-human/non-live animal use) <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Veterinary
	Category Code 576: Medical Radiographic
	Industrial Radiography (IR) Non-Destructive Testing (NDT)
	562 Temporary Job Sites
	572 Certified Cabinet used for IR
	880 Fixed Site
	* 880 Accelerator used for IR

* See page 3 for further instructions.

LEGAL NAME: _____ R _____

SIGNATURES: This application must be signed by the Radiation Safety Officer.

For RSO change, an additional signature is required from the President, Previous RSO, CEO, COO, CFO, Plant Manager, Partner or Owner.

9. RADIATION SAFETY OFFICER (RSO) SIGNATURE:

I certify that I will fulfill the duties and accept the responsibilities of the RSO as required in 25 Texas Administrative Code (TAC) §289.226.

_____	_____
Typed or printed name of RSO	Title
_____	_____
Signature	Date

10. ADDITIONAL SIGNATURE FOR RSO CHANGE:

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

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: XrayRegistration@dshs.texas.gov

Visit our website to download the appropriate documents listed below:

<https://www.dshs.state.tx.us/radiation/x-ray/medical-faq.aspx>

*** ADDITIONAL FORMS TO SUBMIT WITH APPLICATION:**

- RC 226-01 Business Information form, *if changing legal or assumed name.*
- RC 42-I or RC 42-IR Radiation Safety Officer, *if changing RSO.*

*** ACCELERATOR**

Submit required information and receive a Certificate of Registration prior to operating machine(s).

- RC 229-01 Registration of Accelerators

For additional Industrial Radiation Machine and Services information or documents visit:

<https://www.dshs.state.tx.us/radiation/x-ray/industrial.aspx>