



TEXAS Health and Human Services

Texas Department of State Health Services

RADIATION MACHINE 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) 203-3787 email: XrayRegistration@dshs.texas.gov

This application is for Assemblers, Installers, Demonstrations and Sales, Providers of Equipment, and Consultants of Radiation Machines.

- Retain a completed copy of the application for your records.
Email us with any questions.
See page 3 for further information.

1. TYPE OF ACTION:

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

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

\_\_\_\_\_

3. ASSUMED NAME (dba), if applicable:

\_\_\_\_\_

4. RADIATION 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:** \_\_\_\_\_ **R**\_\_\_\_\_

**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):**

Assembler, Installation, and Repair: Assembles, installs, or repairs to ensure a radiation machine is operating according to manufacturer's specifications.

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

What type of equipment will be demonstrated? \_\_\_\_\_

Provider of Equipment (POE): An entity that leases a radiation machine(s) to a business for limited time periods.

What type of equipment will be provided? \_\_\_\_\_

Will you provide personnel to operate equipment?

No

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

Consult: Provide expertise to ensure proper function of radiation machines and compliance with 25 TAC §289.

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

**9. RADIATION SAFETY OFFICER (RSO):**

• TAC §289.226 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 §289.226.

\_\_\_\_\_  
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 of 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: \_\_\_\_\_ R \_\_\_\_\_

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**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](mailto: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
- RC 42-I or RC 42-IR Radiation 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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