



Texas Department of State Health Services

BUSINESS INFORMATION FORM

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 RADIATION SECTION – REGISTRATION BRANCH
 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 Registration Billing Address Change Renewal Registration or Certification #: _____

Legal Name of Business: _____
 Doing Business As name (if applicable): _____
 Billing Phone Number: _____
 Billing Address:
 Street: _____
 City: _____ State: _____
 Zip: _____ County: _____

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.texas.gov Phone #: (512) 463-5555

Digital signatures must be certified to be accepted.

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 _____