



DEPARTMENT OF STATE HEALTH SERVICES

Radiation Safety Licensing Branch

REGISTRATION APPLICATION FOR INDUSTRIAL RADIATION MACHINES

INSTRUCTIONS - Complete ALL ITEMS on the application. For new registrations, mail application and fee to Mail Code 2003, P.O. Box 149347, Austin Texas, 78714-9347. For all other actions, mail to the Texas Department of State Health Services, Radiation Safety Licensing Branch (RSLB), Mail Code 2835, P.O. Box 149347, Austin, Texas, 78714-9347. Upon approval of the application, the applicant will receive a Certificate of Registration. If there are any questions, contact the RSLB at (512)834-6688.

1.a. Legal name of business, facility or individual (as registered with the Texas Secretary of State, if applicable) * : b. Business mailing address:	2. Physical address where radiation machines will be used and records stored (not applicable if not located in Texas): (Submit separate application forms for each additional use location under this registration.)
3. Type of action: (Check all that apply) <input type="checkbox"/> New Registration * (Attach appropriate fee) <input type="checkbox"/> Renewal of Registration No. _____ <input type="checkbox"/> Reciprocity <input type="checkbox"/> Amendment to Registration No. _____ <input type="checkbox"/> Name Change * <input type="checkbox"/> Additional Use Location ** <input type="checkbox"/> RSO Change <input type="checkbox"/> Remove a Use Location ** <input type="checkbox"/> Address Change <input type="checkbox"/> Add Equipment <input type="checkbox"/> Additional Service <input type="checkbox"/> Delete Equipment	4. Telephone No.: _____ 5. Fax No.: _____ 6.a. Radiation Safety Officer (RSO): (Submit qualifications to include education, training and/or experience for new registrations or RSO change.) b. RSO e-mail Address: _____
* Submit Business Information Form (RC 226-1) for new and renewal applications, and company name changes. ** Provide address in box 2 above.	7. RSO Business Mailing Address (not residence): _____

8. Machine Data

The table below is an EXAMPLE of how the Machine Data section should be completed. You must list the **total** number of machines at your facility. **DO NOT** put a \sqrt or X in the column requesting the "Total No. of Machines". If you are amending a registration, list the **total** number of machines at your facility incorporating the changes of equipment within the new total.

EXAMPLE :

Total No. of Machines	Machine Description
1	Certified Cabinet X-Ray
4	Portable/Handheld Fluorescence X-Ray (Open Beam)

Complete the table(s) below indicating the total number of machines you have in each category

Total No. of Machines	Minimal Threat Machine Description (Code 572)
	Fluorescence X-Ray (Closed Beam)
	X-Ray Gauge
	Certified Cabinet X-Ray
	Package X-Ray
	Electron Beam Welding
	Particle Size Analyzer
	Ion-Implant
	Cathodoluminescence
Total No. of Machines	Industrial Radiography Non-Destructive Testing
	Industrial Radiography - Fixed Site (Code 880)
	Industrial Radiography - Temporary Sites (Code 562)
	Industrial Radiography - Cabinet X-Ray (Code 572)

Total No. of Machines	Other Industrial Machine Description (Code 573)
	Portable/Handheld Fluorescence X-Ray (Open Beam)
	Fluoroscopy Hand Held Intensified
	Fluoroscopy X-Ray
	Industrial Accelerator
	Spectrography X-Ray
	Flash X-Ray
	Flash X-Ray for Bomb Detection
	Educational (X-Ray for Non-Human/Not Live Animal Use) • What are you teaching? (Check applicable box) <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Veterinary
	Research (X-Ray for Non-Human or Not Live Animal Use)
	Morgues
	Diffraction X-Ray
	Uncertified Cabinet X-Ray

9. I hereby accept the responsibilities of Radiation Safety Officer.

Signature of Radiation Safety Officer

Date

Type or Print Name and Title

10. Certification: I certify that the information is true and correct to the best of my knowledge.

Signature of applicant or person duly authorized to act on or behalf of applicant (e.g., President, Registered Agent, CEO, CFO, Partner, Owner)

Date

Type or Print Name and Title

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).