



LASER REGISTRATION APPLICATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SECTION – REGISTRATION BRANCH

Mail Code 2003
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Texas Department of State
Health Services

This application is for users of lasers for Medical, Dental, Veterinary Medicine, Academic, Research, Industrial, and Entertainment/Laser Light Shows.

- **Retain a completed copy of the application for your records.**
- **Additional forms may be required. See page 3 for instructions and requirements.**

1. TYPE OF ACTION: New Registration

Registration Number: Z _____ (Required for any of the below actions)

Renewal Business Name Change Assumed Name Change

Laser Safety Officer (LSO) Change

Add Equipment Delete Equipment Additional Use Location

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. LASER SAFETY OFFICER:

Name: _____ Title: _____

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 ADDRESS: Same as business mailing address

Phone #: _____

Street Address: _____ City: _____

State: _____ Zip: _____ County: _____

LEGAL BUSINESS NAME: _____ Z _____

7. PHYSICAL LOCATION & LASER INFORMATION:

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

PHYSICAL LOCATION IN TEXAS: _____ SITE #: _____

Street Address: _____

City: _____ Zip: _____

County: _____ Phone #: _____

LASER INFORMATION:

Enter the total number of lasers in each category at this location. Include leased lasers.

Total No. of Lasers	Laser Description	Category Code
	Human <i>Are any of the lasers mobile*? Yes Total Mobile Lasers _____</i> Lasers that do not leave the physical location and are only moved between rooms are not considered mobile. See definition below.	601
	Veterinary <i>Are any of the lasers mobile*? Yes Total Mobile Lasers _____</i> Lasers that do not leave the physical location and are only moved between rooms are not considered mobile. See definition below.	601
	Academic/Educational (<i>non-human, non-live animal use</i>)	601
	Research	601
	Entertainment/Laser Light Show	600
	Industrial Use	600
	Portable/Handheld Positive Material Identification (PMI)/Laser Induced Breakdown Spectroscopy (LIBS)	600
	Pavement Evaluation	600
	Outdoor Laser Firing (<i>other than pavement evaluation</i>)	600

***Mobile - The provision of lasers and personnel at temporary sites for limited time periods. The lasers may be fixed inside a motorized vehicle or may be a portable laser that may be removed from the vehicle and taken into a facility for use.**

LEGAL BUSINESS NAME: _____ Z _____

SIGNATURES: Digital signatures must be certified to be accepted.

This application is to be signed by:

- The Laser Safety Officer. (Sign in Section 8) **Required for all applications**
- The Licensed Physician, if applicable. (Sign in Section 9) **Required for new and renewal**
- The Applicant. (Sign in Section 10) **Required for new and renewal**

8. LASER SAFETY OFFICER (LSO):

- I certify that I will fulfill the duties and accept the responsibilities of the LSO as required in 25 TAC §289.301.
- 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 §289.301.

Typed or printed name

TX License Board No. or Title

Signature

Date

9. LICENSED PHYSICIAN: (MD, DO, DDS, DMD, DC, DVM, DPM)

- As a **licensed physician**, I certify that I am the owner or associated with this applicant and provide supervision to non-practitioners administering laser radiation to human beings or animals in accordance with Title 25, Texas Administrative Code (TAC) §289.301.
- I certify that I am qualified and agree to carry out those duties and responsibilities as the Licensed Physician.
- 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 §289.301.

Typed or printed name

TX License Board No.

Signature

Date

10. APPLICANT OR PERSON DULY AUTHORIZED TO ACT ON BEHALF OF THE APPLICANT:

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

This page is for information only and *SHOULD NOT* be returned.

Correspondence, including certificates, is sent by email only to the Laser Safety Officer. Ensure that the email address provided is monitored.

Direct any questions to: XrayRegistration@dshs.texas.gov

For additional information or documents visit:

<https://www.dshs.state.tx.us/radiation/lasers/registration.aspx>

NEW APPLICATIONS AND FEES:

- See fee schedule RC 204
- Mail application packet and fees to address on page 1
- Business Information Form
- LSO Form

RENEWALS:

- Business Information Form
- LSO Form

NAME CHANGES:

- Business Information Form

LASER LIGHT SHOW:

Submit the required information and receive a Certificate of Registration before performing a laser light show.

- Copy of current FDA Variance or evidence of Annual Report

PAVEMENT EVALUATION:

Submit the required information and receive a Certificate of Registration before operating the laser(s).

- Outdoor Laser Firing Procedures
- Operating & Safety Procedures

OUTDOOR LASER FIRING (other than pavement evaluation):

Submit the required information and receive a Certificate of Registration before operating the laser(s).

- Copy of current FDA Variance, Annual Report, or correspondence
- Outdoor Laser Firing Procedures
- Operating & Safety Procedures