



Texas Department of State
Health Services

INDUSTRIAL RADIATION MACHINE 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) 206-3787

email: XrayRegistration@dshs.texas.gov

NEW, RECIPROCITY, OR RENEWAL 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: New Registration
 Reciprocity
 Renewal of Registration # R_____

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

3. ASSUMED NAME (dba), if applicable:

4. 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.

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 _____

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 #: _____ (Renewal only)

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.

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

9. RADIATION SAFETY OFFICER (RSO):

- 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, 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 Title 25, Texas Administration Code, Chapter 289.

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 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
- RC 42-I or RC 42-IR Radiation Safety Officer
- Full Body Scanner
 - Operating & Safety Procedures
- Industrial Radiography Applicants
 - Operating & Safety Procedures
- Reciprocity Applicants:
 - Copy of current State license or equivalent
 - Operating & Safety Procedures

*** ACCELERATOR**

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

- RC 229-01 Registration of Accelerators

NEW APPLICATIONS AND FEES:

- For new application fees, see fee schedule RC 204.
- Mail application packet and fees to address on page 1.

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

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