



**RADIATION SAFETY OFFICER FORM
INDUSTRIAL RADIOGRAPHY - NON-DESTRUCTIVE TESTING**

Texas Department of State
Health Services

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SECTION - REGISTRATION UNIT
Mail Code 1986
P.O. Box 149347
Austin, Texas 78714-9347

Phone #: (737) 218-7110
Fax #: (512) 206-3787
Email: XRAYregistration@dshs.texas.gov

Note: Do not use this form for Industrial Radiation Machines, Mammography, Radiation Machines, or Laser and Laser Services.

RADIATION SAFETY OFFICER (RSO) INFORMATION

<input type="checkbox"/> NEW FACILITY	<input type="checkbox"/> CHANGE RSO	REGISTRATION #: _____
I. Legal Name of Business: _____		
Phone No.: _____		Fax No.: _____
II. RSO Designee: _____		RSO Phone No.: _____
<small>Individual's Full Name (Print or type)</small>		
RSO email address: _____		<small>Correspondence will be sent to this email.</small>

REQUIRED DOCUMENTATION

<p><i>Submit the required supporting documentation along with this form:</i></p> <ul style="list-style-type: none"> • Copy of high school diploma, or certificate of high school equivalency. • Proof of successful completion of training and testing requirements. (A copy of Industrial Radiography ID card may be submitted.) • Proof of two years of documented radiation protection experience with at least 40 hours of active industrial radiographic operations.
--

SIGNATURES

RSO:	
I certify that I will fulfill the duties and accept the responsibilities of RSO as required in 25 TAC §289.255	
_____ Signature	_____ Date
 PRESIDENT, PREVIOUS RSO, CEO, COO, CFO, PARTNER, OR OWNER:	
I acknowledge that the individual listed above is qualified to serve as, and carry out the duties and responsibilities of the Radiation Safety Officer for this registration.	
_____ Printed name	_____ Title
_____ Signature	_____ Date