



Texas Department of State
Health Services

TERMINATION REQUEST OF LASER REGISTRATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SECTION – REGISTRATION BRANCH
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: Using this form will terminate the registration or location. Use the required application for equipment changes.

In order to terminate the Certificate of Registration, the following information must be provided.

I request termination of: Entire Registration Site/Use Location

Reason for termination: Office Closed Change of Ownership/Sold Business
Deceased Owner Location Closed Other: _____

Registration Number: **Z** _____ Business Phone Number: _____

Legal Name of Business: _____

Business Address: _____

Contact name: _____

Contact Phone Number: _____ Email address: _____

Contact Address: _____ *Correspondence will be sent to the above email address.*

LASER INFORMATION

This section is not required for service companies.

Complete the following information for each laser that is no longer in use.

1. Laser: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

2. Laser: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

3. Laser: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

SIGNATURE of the applicant, or person duly authorized to act on behalf of the applicant:

(Example: LSO, President, CEO, COO, CFO, Partner, and Owner)

I certify that the information on this form is true and correct.

PRINTED NAME

PRINTED TITLE

SIGNATURE

DATE

ADDITIONAL LASER INFORMATION

Registration Number: **Z** _____

4. Laser: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

5. Laser: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

6. Laser: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

7. Laser: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

8. Laser: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

9. Laser: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

10. Laser: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Laser Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____