



Texas Department of State Health Services

LASER SERVICES REGISTRATION APPLICATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION MACHINE SOURCE 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

This application is for Aligning, Calibrating, Installing, Repairing, Demonstrations and Sales, and Providers of Laser Equipment.

- 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 Change Additional Service
Additional Record Location (in Texas only)
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: \_\_\_\_\_
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 #: \_\_\_\_\_ 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** \_\_\_\_\_

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**7. PHYSICAL ADDRESS IN TEXAS:** Not applicable, no Texas address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Texas County: \_\_\_\_\_ Phone #: \_\_\_\_\_

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**8. TYPE OF SERVICE (*check all that apply*):**

**Align, Calibrate, Install, and Repair:** Align, calibrate, install, or repair to ensure a laser is operating according to the manufacturer's specifications.

**Demonstration and Sales:** Involves an individual who energizes or causes a laser to be energized to demonstrate or sell the equipment.

**Provider of Equipment (POE):** An entity that leases a laser on a routine basis to a facility for limited periods.

Will you provide personnel to operate the equipment?

No

Yes. Submit a copy of the Operating & Safety Procedures with this application.

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**SIGNATURES: Digital signatures must be certified to be accepted.**

This application is to be signed by the Laser Safety Officer

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**9. 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 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 25 TAC §289.301.

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**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](mailto:XrayRegistration@dshs.texas.gov)**

Visit our website for additional information or documents:

<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

**LASER SAFETY OFFICER CHANGES:**

- LSO Form

**NAME CHANGES:**

- Business Information Form