



Texas Department of State Health Services

TERMINATION REQUEST OF RADIATION MACHINE 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: R 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.

RADIATION MACHINE INFORMATION

This section is not required for service companies.
Complete the following information for each machine that is no longer in use.

1. Machine: Stored/Inoperable Transferred/Sold Disposed Date:
Site Number: Site address: Machine Category:
Transferred To:
Address Transferred/Disposed/Stored:
2. Machine: Stored/Inoperable Transferred/Sold Disposed Date:
Site Number: Site address: Machine Category:
Transferred To:
Address Transferred/Disposed/Stored:
3. Machine: Stored/Inoperable Transferred/Sold Disposed Date:
Site Number: Site address: Machine Category:
Transferred To:
Address Transferred/Disposed/Stored:

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

(Example: RSO, 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 MACHINE INFORMATION

Registration Number: **R** _____

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

Site Number: _____ Site address: _____ Machine Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

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

Site Number: _____ Site address: _____ Machine Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

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

Site Number: _____ Site address: _____ Machine Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

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

Site Number: _____ Site address: _____ Machine Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

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

Site Number: _____ Site address: _____ Machine Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

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

Site Number: _____ Site address: _____ Machine Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

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

Site Number: _____ Site address: _____ Machine Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____