



BUSINESS INFORMATION FORM
 TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 RADIATION SAFETY LICENSING BRANCH
 P.O. Box 149347
 Austin, Texas 78714-9347

Registration or Certification number: _____ New Facility

Legal Name of Facility: _____
The legal name of the facility as filed with the Texas Secretary of State Office.

Doing Business As name (if applicable): _____

Business Phone Number: _____ Billing Phone Number: _____

Business Physical Location: (Street/City/State/Zip) _____ Billing Address: (Street/City/State/Zip)
If different from Business Physical Location

Complete the appropriate section for the business. For more information concerning Texas Secretary of State Charter or File Number call 800-252-1381 or visit: www.sos.state.tx.us. Employer Identification Number (EIN) also known as "Federal Tax ID Number" is a 9-digit number assigned by the IRS in the following format: 12-3456789.

1. CORPORATION TYPE: _____ STATE CHARTER or FILE #: _____

President or Registered Agent: _____

Address: _____

For multiple partners, copy this section:

2. PARTNERSHIP TYPE: _____ STATE CHARTER or FILE #: _____

Name of Partner: _____

Address: _____

3. GOVERNMENT ENTITY: _____ EIN #: _____

Name: _____

Address: _____

4. IF NONE OF THE ABOVE: _____ EIN #: _____
(Including General Partnerships & Sole Proprietorships)

Owner of business: _____

Address: _____

SIGNATURE of the applicant or person duly authorized to act on behalf of applicant:
 (Example: President, Registered Agent, CEO, CFO, Partner, Owner)

SIGNATURE	TITLE	DATE
PRINTED NAME	TITLE	DATE

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request to be informed about information the State of Texas collects on you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).



**Schedule of Biennial fees for
Medical or Educational/Healing Arts Certificate of Registration for Radiation
Machines Industrial Radiation Machines and Services and Lasers**

Each application for a certificate of registration shall be accompanied by a two year non-refundable administrative fee with the exception of mammography, which is a one year non-refundable fee. Fee payments by check or money order shall be made payable to the Department of State Health Services

In the case of a Certificate of Registration that authorizes more than one category of use, the total fee is the category with the highest corresponding fee. Mammography certifications authorize only one category of use per certification.

MEDICAL AND ACADEMIC /HEALING ARTS

(1) Computerized Tomography (CT)	\$ 1656.00
(2) Fluoroscopy	\$ 816.00
(3) Accelerator, Simulator, or Other Therapeutic Radiation Machine	\$ 586.00
(4) Radiographic Machines Only	\$ 517.00
(A) Medical	
(B) Bone Densitometry	
(C) Chiropractic	
(5) Podiatric Radiographic Only	\$ 374.00
(6) Dental Radiographic Only	\$ 330.00
(7) Veterinary, Including CT, Fluoroscopy, and Accelerators	\$ 264.00
(8) Other Industrial	\$ 575.00
(9) Morgues and Educational Facilities Utilizing Radiation Machines for Human Use	Appropriate Fee as Indicated Above

**NON-IONIZING
MEDICAL/RESEARCH/ACADEMIC**

Lasers Fee - \$200.00 No additional fee per device or additional use locations.

Additional **AUTHORIZED USE** site where radiation machines or services are authorized under the same registration with the exception of Mammography. 30% of Applicable Fee

**Schedule of Biennial fees for
Certificate of Registration for Industrial Radiation Machines,
Services and Lasers**

INDUSTRIAL RADIOGRAPHY

- | | | |
|-----|--|-------------|
| (1) | Industrial Radiography | |
| | (A) Fixed Facility | \$ 1,702.00 |
| | (B) Temporary Job Sites | \$ 2,852.00 |
| (2) | Other Industrial | \$ 575.00 |
| | (A) Diffraction | |
| | (B) Computerized Tomography | |
| | (C) Fluoroscopy / Hand Held Intensified | |
| | (D) Fluoroscopy/ X-ray | |
| | (E) Flash Radiography | |
| | (F) Hand-Held Light Intensifying Image Devices | |
| | (G) Spectrography | |
| | (H) Industrial Accelerator | |
| | (I) Portable Hand Held Fluorescence (open beam) | |
| | (J) Research –Non –Human use | |
| | (K) Other Industrial | |
| (3) | Morgues and Educational Facilities (Teaching & Training Only)
utilizing Radiation Machines for Non-human Use, Including CT, Fluoroscopy,
and Accelerators. | \$ 575.00 |
| (4) | Minimal Threat Radiation Machines as Specified
in 25 TAC §289.231(II)(3) of this Title | \$ 264.00 |
| | (A) Cathodoluminescence | |
| | (B) Electron Beam Welding | |
| | (C) Fluorescence X-Ray (closed beam) | |
| | (D) Gauge X-Ray | |
| | (E) Ion Implantation | |
| | (F) Package X-Ray | |
| | (G) Partical Size Analyzer X-Ray | |
| | (H) Cabinet X-Ray (Certified) | |
| | (I) Other – Minimal Threat | |
| (5) | Exposure Rate of Dose Measurements performed by a Licensed Medical
Physicist as Specified in 25 TAC §289.226(b)(9) of this title. | \$ 253.00 |
| (6) | Services as Specified in 25 TAC §289.226(b)(10) of this Title | \$ 253.00 |
| | (A) Exposure Rate or Dose Measurements | |
| | (B) Radiation Machine Output Measurements | |
| | (C) Agency – Accepted Training Courses | |
| | (D) Calibration of Survey and Radiation Measurement Instruments | |
| | (E) Demonstration/Sales | |
| | (F) Assembly, Installation or Repair | |
| | (G) Equipment Performance Evaluations on Dental Radiation Machines | |
| | (H) Provider of Equipment | |

- | | | |
|-----|--|-----------|
| (7) | *Laser – Industrial/Services/Entertainment | \$ 340.00 |
| | *No fees for additional use locations only for laser registration. | |

- | | | |
|-----|-------------|----------------------------|
| (8) | Reciprocity | Fee of Applicable Category |
|-----|-------------|----------------------------|

Additional authorized use location where radiation machines or services are authorized under the same registration. 30% of Applicable Fee

Local law enforcement agencies (i.e. city or county), are exempt from fees. For further clarification, please contact our department at 512/834-6688.

NOTICE TO EMPLOYEES

TEXAS REGULATIONS FOR CONTROL OF RADIATION

The Department of State Health Services has established standards for your protection against radiation hazards, in accordance with the Texas Radiation Control Act, Health and Safety Code, Chapter 401.

YOUR EMPLOYER'S RESPONSIBILITY

Your employer is required to-

1. Apply these rules to work involving sources of radiation.
2. Post or otherwise make available to you a copy of the Department of State Health Services rules, licenses, certificates of registration, notices of violations, and operating procedures that apply to your work, and explain their provisions to you.

YOUR RESPONSIBILITY AS A WORKER

You should familiarize yourself with those provisions of the rules and the operating procedures that apply to your work. You should observe the rules for your own protection and protection of your co-workers.

WHAT IS COVERED BY THESE RULES

1. Limits on exposure to sources of radiation in restricted and unrestricted areas;
2. Measures to be taken after accidental exposure;
3. Individual monitoring devices, surveys and equipment;
4. Caution signs, labels, and safety interlock equipment;
5. Exposure records and reports;
6. Options for workers regarding agency inspections; and
7. Related matters.

REPORTS ON YOUR RADIATION EXPOSURE HISTORY

1. The rules require that your employer give you a written report if you receive an exposure in excess of any applicable limit as stated in the rules, license, or certificate of registration. The basic limits for exposure to employees are stated in 25 Texas Administrative Code (TAC)

§289.202(f), (k), (l), and (m) (relating to Standards for Protection Against Radiation from Radioactive Materials) and 25 TAC §289.231(m) (relating to General Provisions and Standards for Protection Against Machine-Produced Radiation). These subsections specify limits on exposure to radiation and exposure to concentrations of radioactive material in air and water.

2. If you work where individual monitoring devices are provided in accordance with 25 TAC §289.202 or §289.231:

- (a) your employer must furnish to you, upon your written request, an annual written report of your exposure to radiation; and
- (b) your employer must give you a written report, upon termination of your employment, of your radiation exposures if you request the information on your radiation exposure in writing.

INSPECTIONS

All licensed or registered activities are subject to inspection by representatives of the Department of State Health Services. In addition, any worker or representative of the workers who believe that there is a violation of the Texas Radiation Control Act, the rules issues thereunder, or the terms of the employer's license or registration with regard to radiological working conditions in which the worker is engaged, may request an inspection by sending a notice of the alleged violation to the Department of State Health Services. The request must state the specific grounds for the notice, and must be signed by the worker or the representative of the workers. During inspections, agency inspectors may confer privately with workers, and any worker may bring to the attention of the inspectors any past or present condition that the individual believes contributed to or caused any violation as described above.

POSTING REQUIREMENT

Copies of this notice shall be posted in a sufficient number of places in every establishment where employees are employed in activities licensed or registered, in accordance with 25 TAC §289.252 (relating to Licensing of Radioactive Material) and 25 TAC §289.226 (relating to Registration of Radiation Machine Use and Services), to permit employees to observe a copy on the way to or from their place of employment.

Applicable sections of 25 TAC Chapter 289 may be reviewed online, at www.dshs.state.tx.us/radiation/rules.shtml. Our license and/or certificate of registration and any associated documents, our operating procedures, and any "Notice of Violation" or order issued by the agency may be reviewed at the following location:

INSTRUCTIONS

The following denotes a detailed explanation for the specific items indicated by an asterisk (*) and asterisks (**) from the front page.

* Item(s) 1a and 3: Legal name of business, facility or individual.
 A Business Information Form (RC Form 226-1) must be submitted for all new applications, technical renewals and for any name or ownership change.

Item 7: Radiation Safety Officer (RSO). **For multiple use locations, one individual shall be designated as RSO for all sites.**
 The individual named as RSO must meet the requirements specified in 25 Texas Administrative Code (TAC) §289.
 For licensed practitioners, only signature and Texas license number are required. Submit qualifications for all others.

RSO responsibilities are outlined in:
 Dental §289.232(h) (11)
 Veterinary §289.233(h) (1) (E) (iv)
 Medical §289.226(t) (2)

Item 8: Machine Use Category(s). (For Category explanation, see table below)

566 – PODIATRIC RADIOGRAPHIC
567 – COMPUTED TOMOGRAPHY (CT)
571 – VETERINARY
<i>For Example:</i>
Dental, Fluoro, CT, Accelerator**
572 – MINIMAL THREAT
<i>For Example:</i>
Gauges X-Ray
Cabinet X-Ray
Package X-Ray
Electron Beam Welding
Particle Size Analyzer
Ion-Implant
Minimal Threat – Other
573 – OTHER INDUSTRIAL
<i>For Example</i>
Educational facility (X-Ray for non-human use)
Educational facility (X-Ray for non-live animal use)
Morgue(s)

576 – MEDICAL RADIOGRAPHIC
<i>For Example:</i>
Chiropractic
Bone Densitometer
Other
Mammo for non-human use
Volumetric Cone Beam CT system
**878 – ACCELERATOR, SIMULATOR OR OTHER THERAPEUTIC
<i>For Example:</i>
Medical Accelerator
X-ray Therapy
Electronic Brachytherapy
Simulator or CT used for Simulation only
J01 – FLUOROSCOPY
<i>For Example:</i>
Medical Radio-Fluoro
Lithotripter
Fluoro-Hand Held-Intensifying Device
C-Arm, Mini-C-Arm
886 – DENTAL
<i>For Example:</i>
Pano & Intraoral
Cone Beam Dental CT
Handheld Dental

** Submit: Operating and Safety Procedures AND receive a Certificate of Registration before beginning operation of:
 • An Accelerator see 25 TAC §289.226(f) (2), and 25 TAC §289.229(h), Veterinary 25 TAC §289.229(h), and R & D and Industrial 25 TAC §289.229(f).
 • Self-Referred Healing Arts Screening see 25 TAC §289.226(h)
 • Mobile Operation see 25 TAC§229.226(g), Dental §289.232(h) (2), Veterinary §289.233(h) (2)

Item 10: Signature of Licensed Practitioner
 The signature of the Administrator, President or Chief Executive Officer of the facility will be accepted if the facility is a licensed hospital or a medical facility with more than one licensed practitioner who may direct the operation of radiation machine(s).

Item 11: Signature of the Radiation Safety Officer (RSO)
 The signature of the person listed in Item 7, as RSO, is required for the processing of all registration actions.

Item 12: a. Signature of Applicant
 • This should be the signature of a person duly authorized by the applicant or registrant to act for and on the behalf of the applicant or registrant.
 b. Signature of Owner or Partner
 • This line does not need to be completed if the business is a corporation.

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)



RADIATION SAFETY OFFICER (RSO) FORM
 TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 RADIATION SAFETY LICENSING BRANCH (RSLB)
 P.O. Box 149347
 Austin, Texas 78714-9347

This form may be used to request or change the RSO for the facility. If you are making the same change on multiple registrations or certifications, list all of the applicable registration/certification numbers. *Note: Do not use this form for Industrial/Laser facilities or Radioactive Material License facilities.*

Choose from the categories listed on page two and submit the credentials of the designated RSO that are specific to your situation. Listings of the requirements, which the RSO must meet, are located in 25 Texas Administrative Code (TAC) §289.226. The years of experience must be documented on the front side of this form. Retain a copy for your records.

For further questions, contact RSLB-Registration at (512) 834-6688 ext 2225.

REGISTRATION/CERTIFICATION NUMBER: _____	<input type="checkbox"/> New Facility
I. Name of Facility: _____	
Telephone No.: _____	Fax No. _____
Address of Facility: _____	

II. RSO Designee: _____	
Individual's Full Name (Print or type)	

DOCUMENTATION OF RADIATION MACHINE EXPERIENCE FOR RSO DESIGNEE:
 This section to be filled out by individuals who are not licensed practitioners.

Name of Facility	Date of Employment (from - to)	Type of Radiation Equipment Operated

CERTIFICATION

I hereby certify that I will fulfill the duties and responsibilities of RSO as required in 25 TAC §289.226	
_____ Signature of designated Radiation Safety Officer	Licensing Board Number: _____ <i>A Licensing Board number is required if RSO is a M.D., D.D.S, D.O., D.C., D.P.M</i>

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HEALING ARTS

Licensed Practitioner (M.D., D.D.S., D.O., D.C., D.P.M.)

Texas Licensing Board No. _____

ARRT, ARCRT or Medical Radiological Technologist with general certificate.

Copy of current license or wallet card; and

2 years experience

Medical Radiological Technologist with limited certificate

Copy of current license or wallet card; and

4 years experience

Associate degree in radiological technology, health physics or nuclear technology

Copy of degree; and

2 years experience

Registered with the Board of Nurse Examiners as a Registered Nurse or Nurse Practitioner with an extended scope of practice performing radiologic procedures

Copy of current license; and

2 years of experience

Registered with the Physician Assistant Examiner's Board

Copy of current license; and

2 years of experience

Registered with the Licensed Practitioner's Board, or the Texas State Board of Dental Examiners to perform radiological procedures

Copy of current license; and

4 years of experience

Bachelor degree in natural or physical science, health physics, radiological science, nuclear medicine, nuclear engineering

Copy of degree

Licensed Medical Physicist

Copy of current Texas license

RADIATION THERAPY

Licensed Practitioner (M.D., D.O.)

Texas Licensing Board No. _____

Licensed Medical Physicist

Copy of current Texas license

ARRT or ARCRT certificate or copy of current wallet card; and

4 years radiation therapy experience

VETERINARY

Veterinarian

Texas Veterinary License Board No. _____

Non Veterinarian

2 years experience

ACADEMIC AND/OR RESEARCH AND DEVELOPMENT

Faculty or staff member in radiation protection, radiation engineering or related discipline submit evidence of the following:

Educational course(s) on radiation safety

Experience with x-ray equipment

Knowledge of potential radiation hazards



REQUEST FOR REGISTRATION TERMINATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SAFETY LICENSING BRANCH (RSLB)
P.O. Box 149347
Austin, Texas 78714-9347

Before the Certificate of Registration can be terminated, the following information must be submitted along with any outstanding fees. This form may be mailed to the address above or faxed to (512) 834-6716. For further questions, contact RSLB-Registration at (512) 834-6688 ext 2225.

I request termination of the Certificate of Registration.

Registration Number: R _____ Contact phone number: _____

Registrant Name: _____

Address: _____

RADIATION MACHINE DATA

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

Machine: Stored Transferred Disposed Inoperable Date: _____

Site Number: _____ Category Code: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

Machine: Stored Transferred Disposed Inoperable Date: _____

Site Number: _____ Category Code: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

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

(Example: President, Registered Agent, CEO, CFO, Partner, Owner)

SIGNATURE TITLE DATE

PRINTED NAME TITLE DATE



RADIATION MACHINE TRANSFER/DISPOSAL FORM

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SAFETY LICENSING BRANCH (RSLB)
P.O. Box 149347
Austin, Texas 78714-9347

This form can be used to notify the agency of the disposition of any radiation machine(s) which is transferred, disposed of or rendered inoperable. If the radiation machine(s) is discarded or any part of the machine(s) disassembled to prevent the machine(s) from being energized, by completing and submitting this form the machine(s) will be removed from your registration.

This form may be mailed to the address above or faxed to (512) 834-6716. For further questions, contact RSLB-Registration at (512) 834-6688 ext 2225.

Registration Number: R _____ Telephone Number: _____

Registrant Name: _____

Registrant Address: _____

RADIATION MACHINE DATA

Complete the following information for each machine which is no longer in use.

Machine: **Stored** **Transferred** **Disposed** **Inoperable** **Date:** _____

Site Number: _____ Category Code: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

Machine: **Stored** **Transferred** **Disposed** **Inoperable** **Date:** _____

Site Number: _____ Category Code: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

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

(Example: President, Registered Agent, CEO, CFO, Partner, Owner)

SIGNATURE TITLE DATE

PRINTED NAME TITLE DATE



PREPARING FOR AN INSPECTION MEDICAL X-RAY MACHINES

It will be necessary to have a credentialed operator available to operate the machines during the inspection. Time should be allowed for the inspector to discuss the inspection findings with the radiation safety officer at the conclusion of the inspection.

The inspector may ask to review the following records during the inspection:

- Your current Certificate of Registration.
- The regulations applicable to your Registration.
- Operating and Safety procedures.
- Prior Notices of Violations and your reply to these.
- Annual evaluations of protective devices and a record of those evaluations.
- Equipment Performance Evaluations. **Not Applicable for Veterinary facilities.**
- Record of proper credentialing for operators of x-ray equipment. **Not Applicable for Veterinary facilities.**
- Personnel monitoring records. **Not Applicable for Dental facilities.**
- Documentation showing the dose limits to the public are not exceeded.
- Records of film processing equipment maintenance.
- Records of receipt, transfer, and disposal of x-ray machines.
- U.S. F.D.A. (Food & Drug Administration) variances for certain x-ray machines.
- For fluoroscopic machines: the last annual radiation output measurement performed by a licensed medical physicist.
- For C.T. machines: the dose measurements performed by the physicist.
- For linear accelerators: radiation therapy surveys and calibrations performed by the physicist.

**Texas Department of Health
Bureau of Radiation Control
Attn: Registration
1100 W. 49th St.
Austin, Texas 78756 – 3189**

WEB-SITE: <http://www.tdh.state.tx.us/radiation/Regpage.htm>

*** NOTE – ALL REQUIRED FORMS CAN BE DOWNLOADED AND PRINTED.**