



REQUEST FOR TERMINATION
 TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 RADIATION SAFETY LICENSING BRANCH
 P.O. Box 149347
 Austin, Texas 78714-9347

Phone #: (512) 834-6688 ext. 2225
 Fax #: (512) 834-6717

Before the Certificate of Registration can be terminated, the following information must be submitted.

Note: Do not use this form for Mammography or Laser Services.

I request termination of: Entire Registration Site/Use location:

Registration Number: R _____ Business Phone Number: _____

Legal Name of Business: _____

Business Address: _____

Contact name: _____

Contact Phone Number: _____ Email address: _____

Contact Address: _____

RADIATION MACHINE DATA

Complete the following information for each machine which 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, Registered Agent, CEO, COO, CFO, Partner, and Owner)

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

 PRINTED NAME

 SIGNATURE

 PRINTED TITLE

 DATE

ADDITIONAL EQUIPMENT 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: _____