



RADIATION SAFETY LICENSING BRANCH
Application for Registration of Lasers and Laser Services

INSTRUCTIONS - Complete ALL ITEMS on the application. Mail original(s) to the Texas Department of State Health Services, Radiation Safety Licensing Branch (RSLB), 1100 West 49th Street, Austin, Texas 78756-3189. Upon approval of the application, the applicant will receive a Certificate of Registration. For new registrations, include the appropriate fee. If there are any questions, contact the RSLB at (512) 834-6688.

1a. Legal name of business, facility or individual: * b. Business mailing address:	2. Physical address where laser systems will be used: (Submit separate application forms for each additional use location under this registration.)												
3. Laser Safety Officer (LSO): (attach qualifications)*	4. Fax No.:												
5. Telephone No.:	6. E-Mail address:												
7. Type of action: (Check all that apply) <table style="width:100%; border: none;"> <tr> <td style="width:33%;">_____ New Registration (Attach appropriate fee)</td> <td style="width:33%;">_____ Name Change*</td> <td style="width:33%;">_____ LSO Change*</td> </tr> <tr> <td>_____ Renewal of Registration No. <u> Z </u></td> <td>_____ Additional Use Location</td> <td>_____ Licensed Practitioner change</td> </tr> <tr> <td>_____ Amendment to Registration No. <u> Z </u></td> <td>_____ Address Change <input type="checkbox"/> Mailing <input type="checkbox"/> Physical</td> <td></td> </tr> </table>		_____ New Registration (Attach appropriate fee)	_____ Name Change*	_____ LSO Change*	_____ Renewal of Registration No. <u> Z </u>	_____ Additional Use Location	_____ Licensed Practitioner change	_____ Amendment to Registration No. <u> Z </u>	_____ Address Change <input type="checkbox"/> Mailing <input type="checkbox"/> Physical				
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8. Type of Use: Indicate what category the laser will be used in. Note: Only Class IIIb and Class IV lasers require registration. Class I, II, and IIIa lasers or laser products are exempt from registration requirements.* <table style="width:100%; border: none;"> <tr> <td style="width:50%;">_____ Human</td> <td style="width:50%;">_____ Industrial</td> </tr> <tr> <td>_____ Research</td> <td>_____ Entertainment (Laser Light Show)*</td> </tr> <tr> <td>_____ Academic</td> <td>_____ Services (Demonstration & Sales, Alignment, Calibration & Repair, Provider of Equipment) *</td> </tr> <tr> <td>_____ Veterinary</td> <td>_____ Mobile*</td> </tr> </table>		_____ Human	_____ Industrial	_____ Research	_____ Entertainment (Laser Light Show)*	_____ Academic	_____ Services (Demonstration & Sales, Alignment, Calibration & Repair, Provider of Equipment) *	_____ Veterinary	_____ Mobile*				
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_____ Veterinary	_____ Mobile*												
9. As a licensed practitioner, I do hereby affirm that I am associated with this applicant and provide supervision to non practitioners administering laser radiation to human beings or animals. <table style="width:100%; border: none;"> <tr> <td style="width:33%;">_____</td> <td style="width:15%;">_____</td> <td style="width:33%;">_____</td> <td style="width:19%;">_____</td> </tr> <tr> <td>Signature of Licensed Practitioner*</td> <td>Date</td> <td>Typed or printed name</td> <td>TX License Board No.</td> </tr> </table>		_____	_____	_____	_____	Signature of Licensed Practitioner*	Date	Typed or printed name	TX License Board No.				
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10. I hereby accept the responsibilities of Laser Safety Officer. <table style="width:100%; border: none;"> <tr> <td style="width:33%;">_____</td> <td style="width:15%;">_____</td> <td style="width:52%;">_____</td> </tr> <tr> <td>Signature of Laser Safety Officer*</td> <td>Date</td> <td>Typed or printed name</td> </tr> </table>		_____	_____	_____	Signature of Laser Safety Officer*	Date	Typed or printed name						
_____	_____	_____											
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11. I certify that the administration of laser radiation to humans and animals in association with this application shall be under the supervision of an appropriately licensed practitioner. Furthermore, I attest that the information contained in this application is true and correct to the best of my knowledge. <table style="width:100%; border: none;"> <tr> <td style="width:33%;">_____</td> <td style="width:15%;">_____</td> <td style="width:52%;">_____</td> </tr> <tr> <td>Signature of Applicant*</td> <td>Date</td> <td>Typed or printed name</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Signature of Owner or Partner*</td> <td>Date</td> <td>Typed or printed name</td> </tr> </table>		_____	_____	_____	Signature of Applicant*	Date	Typed or printed name	_____	_____	_____	Signature of Owner or Partner*	Date	Typed or printed name
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*SEE REVERSE FOR INSTRUCTIONS

INSTRUCTIONS

The following is an explanation for the specific items marked by an asterisk (*), from the front page.

Item 1a.and 7: Legal name of business, facility or individual - a Business Information Form (BRC Form 226-1) must be submitted for all new applications and for any name or ownership change.

Item 3 and 7: Laser Safety Officer (LSO) - submit qualifications for the designated LSO listing specific laser training and experience.

Item 8: Laser Classification - the labeling from the manufacturer should indicate the class of the laser.

Laser Light Show - a copy of your valid FDA Variance must be submitted with this application.

Services – a certificate of registration must be received BEFORE these services are provided.

Mobile- if the laser travels outside the facility (address listed in box 2 of this application) a certificate of registration with mobile authorization must be received BEFORE operation begins.

Item 9: Signature of Licensed Practitioner - the signature of the licensed practitioner and licensing board number are required to process this application for facilities using lasers on human beings or animals. The signature of the administrator, president, or chief executive officer will be accepted in lieu of a licensed practitioner's signature if the facility is a licensed hospital or medical facility.

Item 10: Signature of Laser Safety Officer - if the LSO is someone other than the applicant, the signature of the individual listed in Item 3 is required.

Item 11: Signature of Applicant - this should be the signature of a person authorized by the applicant or registrant to act for and on the behalf of the applicant or registrant.

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).