



**RADIATION SAFETY LICENSING BRANCH  
MAMMOGRAPHY MACHINE TRANSFER/DISPOSAL FORM**

This form can be used to notify the Department of the disposition of any radiation machine(s) which is transferred, disposed of or rendered inoperable.. Any machine(s) indicated as being in storage will remain on your inventory and a fee assessed accordingly. If the 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.

Certification Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Registrant Name: \_\_\_\_\_

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

**Radiation Machine Data**

Complete the following information for each machine which is no longer in use. On the "TRANSFERRED TO:" line, indicated to whom the equipment was transferred, how it was disposed or how it was rendered inoperable.

Manufacturer: \_\_\_\_\_ Transferred To: \_\_\_\_\_

Model Number: \_\_\_\_\_ Address: \_\_\_\_\_

Serial Number: \_\_\_\_\_  
(from control panel)

Date of Transfer: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Transferred To: \_\_\_\_\_

Model Number: \_\_\_\_\_ Address: \_\_\_\_\_

Serial Number: \_\_\_\_\_  
(from control panel)

Date of Transfer: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Transferred To: \_\_\_\_\_

Model Number: \_\_\_\_\_ Address: \_\_\_\_\_

Serial Number: \_\_\_\_\_  
(from control panel)

Date of Transfer: \_\_\_\_\_

Your submission of this completed form to the address or fax number below will save the need for additional correspondence.

TDSHS/RSLB  
1100 West 49<sup>th</sup> Street  
Austin, TX 78756-3189  
Fax 512-834-6716

I certify that the above information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For additional equipment information list here.

Manufacturer: \_\_\_\_\_

Transferred To: \_\_\_\_\_

Model Number: \_\_\_\_\_

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

Serial Number: \_\_\_\_\_  
(from control panel)

\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Transferred To: \_\_\_\_\_

Model Number: \_\_\_\_\_

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

Serial Number: \_\_\_\_\_  
(from control panel)

\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Transferred To: \_\_\_\_\_

Model Number: \_\_\_\_\_

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

Serial Number: \_\_\_\_\_  
(from control panel)

\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Transferred To: \_\_\_\_\_

Model Number: \_\_\_\_\_

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

Serial Number: \_\_\_\_\_  
(from control panel)

\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Transferred To: \_\_\_\_\_

Model Number: \_\_\_\_\_

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

Serial Number: \_\_\_\_\_  
(from control panel)

\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Transferred To: \_\_\_\_\_

Model Number: \_\_\_\_\_

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

Serial Number: \_\_\_\_\_  
(from control panel)

\_\_\_\_\_

Date of Transfer: \_\_\_\_\_