



RADIATION SAFETY LICENSING BRANCH

REQUEST FOR TERMINATION OF REGISTRATION

Before your Certificate of Registration can be terminated the following requirements must be met:
You must request termination of your registration (by completing this form you will have met this requirement),
inform us of the disposition of all x-ray equipment.

I hereby request termination of my Certificate of Registration.

Registration Number: _____

Registrant Name: _____

Address: _____

Telephone Number: _____

Radiation Machine Data

Manufacturer: _____

Transferred To: _____

Category Code _____

Address: _____

Date of Transfer: _____

Manufacturer: _____

Transferred To: _____

Category Code: _____

Address: _____

Date of Transfer: _____

Manufacturer: _____

Transferred To: _____

Category Code _____

Address: _____

Date of Transfer: _____

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

Texas Department of State Health Services
Radiation Safety Licensing Branch
1100 West 49th 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: _____

Category Code _____

Address: _____

Date of Transfer: _____

Manufacturer: _____

Transferred To: _____

Category Code: _____

Address: _____

Date of Transfer: _____

Manufacturer: _____

Transferred To: _____

Category Code _____

Address: _____

Date of Transfer: _____

Manufacturer: _____

Transferred To: _____

Category Code _____

Address: _____

Date of Transfer: _____

Manufacturer: _____

Transferred To: _____

Category Code _____

Address: _____

Date of Transfer: _____