

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES RADIATION SAFETY LICENSING BRANCH**      ZZ113-120  
**REGISTRATION APPLICATION FOR INDUSTRIAL RADIATION MACHINE AND 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 49<sup>th</sup> 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.

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| <p>1. a. Legal name of business, facility or individual:*</p><br><p>b. Business mailing address:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>2. Physical address where radiation machines will be used or records stored, or dispatched from: (Submit separate application forms for each additional use location under this registration.) OUT OF STATE only – not applicable.</p> |                   |
| <p>3. Type of action: (Check all that apply)</p> <p><input type="checkbox"/> New Registration (Attach appropriate fee)</p> <p><input type="checkbox"/> Technical Renewal of Registration No. _____*</p> <p><input type="checkbox"/> Reciprocity</p> <p><input type="checkbox"/> Amendment to Registration No. _____</p> <p><input type="checkbox"/> Name Change*                      <input type="checkbox"/> Address Change</p> <p><input type="checkbox"/> RSO Change*                         <input type="checkbox"/> Additional Service</p> <p><input type="checkbox"/> Additional Use Location    <input type="checkbox"/> Equipment Change*</p> | <p>4. Telephone No.:</p>                                                                                                                                                                                                                  | <p>5. Fax No:</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>7. Radiation Safety Officer (RSO): (Submit qualifications for new registration.*)</p><br><p>RSO Mailing Address:</p>                                                                                                                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>8. RSO E-mail Address:</p>                                                                                                                                                                                                             |                   |

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| <p><b>9. Machine / X-Ray Service Provider Data (See table on back of this form.) Provide the total number of units used in each category.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><input type="checkbox"/> 572 - Minimal Threat:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Fluorescence X-Ray (Closed Beam)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Gauges X-Ray</p> <p style="margin-left: 20px;"><input type="checkbox"/> Certified Cabinet X-Ray</p> <p style="margin-left: 20px;"><input type="checkbox"/> Package X-Ray</p> <p style="margin-left: 20px;"><input type="checkbox"/> Electron Beam Welding</p> <p style="margin-left: 20px;"><input type="checkbox"/> Particle Size Analyzer</p> <p style="margin-left: 20px;"><input type="checkbox"/> Ion-Implant</p> <p style="margin-left: 20px;"><input type="checkbox"/> Cathodoluminescence</p> <p style="margin-left: 20px;"><input type="checkbox"/> Minimal Threat - Other</p> <p><input type="checkbox"/> 576- Radiographic Machines Only* - Human Use</p> <p><input type="checkbox"/> 575- Services (Indicate type(s) of services provided in item 10.)</p> | <p><input type="checkbox"/> 573 - Other Industrial :</p> <p style="margin-left: 20px;"><input type="checkbox"/> Portable/Handheld Fluorescence X-Ray (Open Beam)*</p> <p style="margin-left: 20px;"><input type="checkbox"/> Fluoroscopy Hand Held Intensified</p> <p style="margin-left: 20px;"><input type="checkbox"/> Fluoroscopy X-Ray</p> <p style="margin-left: 20px;"><input type="checkbox"/> Industrial Accelerator</p> <p style="margin-left: 20px;"><input type="checkbox"/> Spectrography X-Ray</p> <p style="margin-left: 20px;"><input type="checkbox"/> Flash X-Ray</p> <p style="margin-left: 20px;"><input type="checkbox"/> Flash X-Ray for Bomb Detection</p> <p style="margin-left: 20px;"><input type="checkbox"/> Educational Facility (X-Ray For Non-Human or Not Live Animal Use)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Research (X-Ray For Non-Human or Not Live Animal Use)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Morgues</p> <p style="margin-left: 20px;"><input type="checkbox"/> Diffraction X-Ray</p> <p style="margin-left: 20px;"><input type="checkbox"/> Uncertified Cabinet X-Ray</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other – Industrial</p> <p><input type="checkbox"/> 880- Industrial Radiography - Fixed Site</p> <p><input type="checkbox"/> 562- Industrial Radiography - Temporary Sites</p> |

10. Services: To be completed by applicants who PROVIDE x-ray machine servicing and/or services. Read instructions on back before completing this section. Indicate type of x-ray machine servicing and/or services provided:

Assembler, X-Ray (Assemble, Install, Repair)     Calibration of Measuring Instruments                       Agency Accepted Training Course

Consultant, X-Ray\*                                               Provider of Equipment\* What type of equipment will you be providing? \_\_\_\_\_

Demonstration and Sales\* What type of equipment will you be demonstrating? \_\_\_\_\_

11. I hereby accept the responsibilities of Radiation Safety Officer\*.

|                                       |       |                       |
|---------------------------------------|-------|-----------------------|
| _____                                 | _____ | _____                 |
| Signature of Radiation Safety Officer | Date  | Typed or printed name |

12. Certification: I certify that the information is true and correct to the best of my knowledge.

|                                |       |                       |
|--------------------------------|-------|-----------------------|
| _____                          | _____ | _____                 |
| Signature of Applicant         | Date  | Typed or printed name |
| _____                          | _____ | _____                 |
| Signature of Owner or Partner* | Date  | Typed or printed name |

13. As a licensed practitioner, I do hereby affirm that I am associated with this applicant and provide supervision to non-practitioners administering radiation to human beings or animals. \*

|                                    |       |                       |                     |
|------------------------------------|-------|-----------------------|---------------------|
| _____                              | _____ | _____                 | _____               |
| Signature of Licensed Practitioner | Date  | Typed or Printed Name | Licensing Board No. |

\* SEE REVERSE FOR INSTRUCTIONS

## INSTRUCTIONS

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

Item 1a and 3: Legal name of business, facility or individual

A Business Information Form (BRC Form 226-1) must be submitted for all new applications, for any name or ownership change, and for technical renewals.

Item 3, 7 and 11: Radiation Safety Officer (RSO)

The individual named as RSO must meet the requirements specified in 25 Texas Administrative Code (TAC) §289.226(t)(1). A resume or written documentation for the individual designated as the RSO, describing experience and qualifications to serve in that capacity, must be submitted with the application.

Item 9:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <p><b>572 – Minimal Threat</b><br/>                 Fluorescence X-Ray (Closed Beam)<br/>                 Gauges X-Ray<br/>                 Cabinet X-Ray<br/>                 Package X-Ray<br/>                 Electron Beam Welding<br/>                 Particle Size Analyzer<br/>                 Ion-Implant<br/>                 Cathodoluminescence<br/>                 Minimal Threat - Other</p> <p><b>562- Industrial Radiography (Temp Sites)</b></p> <p><b>880- Industrial Radiography (Fixed Site)</b></p> | <p><b>573 - Other Industrial</b><br/>                 Portable/Handheld Fluorescence X-Ray (Open Beam)*<br/>                 Diffraction X-Ray<br/>                 Fluoroscopy Hand Held Intensified<br/>                 Fluoroscopy X-Ray<br/>                 Industrial Accelerator<br/>                 Spectrography X-Ray<br/>                 Flash X-Ray<br/>                 Flash X-Ray for Bomb Detection<br/>                 Educational Facility (X-Ray For Non-Human or Not Live Animal Use)<br/>                 Research (X-Ray for Non Human or Not Live Animal Use)<br/>                 Morgues<br/>                 Uncertified Cabinet X-Ray<br/>                 Other - Industrial</p> <p>*Safety device exemption required according to TAC §289.228(d)(1) for portable/handheld fluorescence x-ray (open beam). Finger dosimetry required according to TAC §289.228(g)(A).</p> | <p><b>575 - Services</b><br/>                 Assembler X-Ray (Assemble, Install, Repair)<br/>                 Calibration of Survey Instrumentation<br/>                 Demonstration/Sales<br/>                 Provider of Equipment<br/>                 Consultant<br/>                 Agency Accepted Training Course</p> <p><b>576 – Radiographic Machines Only – for Human / Veterinary Use</b><br/>                 Signature and Texas License Board Number required in item 13.</p> |
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Item 10: Services:

**Demonstration and Sales:** Involves an individual who energizes or causes a radiation machine to be energized in order to demonstrate or sell the equipment.

**Consultant:** An individual who provides radiation protection or health physics consultations or surveys that require the consultant to operate or cause a radiation machine to be operated in order to make measurements or gather data. This may include tests to assure proper function of X-Ray equipment under the supervision of a licensed medical physicist.

**Provider of Equipment (POE):** Is an entity that furnishes a radiation machine on a routine basis to a facility for limited time periods. If providing personnel, submit operating and safety procedures.

Item 12: Signature of Owner or Partner: This line does not need to be completed if the business is a corporation.

Item 13: Signature of Licensed Practitioner: This line does not need to be completed if radiation is not administered to live human beings or animals.

**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).