



**Department of State Health Services
Radiation Safety Licensing Branch
1100 West 49th Street
Austin, Texas 78756-3189
BUSINESS INFORMATION FORM**

Legal Business/Company Name: _____

Doing business as: _____

Physical Business Location: _____

Street _____

City _____ State _____ Zip Code _____

Business Telephone No.: () _____

Billing Address (if different from Physical Business Location): _____

Street _____

City _____ State _____ Zip Code _____

Telephone No. (if different from above): () _____

CERTIFICATION OF FINANCIAL QUALIFICATION (25 TAC 289.252(ii)(8)): Check the applicable block(s) and comply.

- ' The applicant is not required by 25 TAC 289.252(gg) to provide financial assurance and in accordance with 25 TAC 289.252(ii)(8)(A) attests that the applicant is financially qualified to conduct the activity requested for licensure.
- ' The applicant is required by 25 TAC 289.252(gg) to provide financial assurance. In accordance with the provisions of 25 TAC 289.252(ii)(8)(B), one of the following **is submitted**:
 - ' the bonding company report (or equivalent) that was used to obtain the financial assurance instrument;
 - ' SEC documentation (if the applicant is a publicly-held company); or
 - ' a self-test (annual audit or business plan).
- ' The applicant is required by 25 TAC 289.252(gg) to provide financial assurance. In accordance with the provisions of 25 TAC 289.252(ii)(8)(B), the following **is declared**:
 - ' Standard Industry Classification Code _____ Current Assets _____ Current Liabilities _____
- ' The applicant is a state or local government entity.

Print Name: _____ Title: _____

Signature*: _____ Date: _____

***This form must be signed by the applicant or person duly authorized to act for and on behalf of the applicant.**

(Continue on the reverse side of this form)
(See bottom of reverse side of this form for Privacy Notification)

DETAILED BUSINESS INFORMATION

LEGAL BUSINESS/COMPANY NAME: _____

DOING BUSINESS AS: _____

Complete the section below appropriate to your business. For example, if there are more than two partners in your partnership, information concerning other partners should be included on additional sheets as needed.

IF A CORPORATION: Type: _____ State Charter or File No.: _____

Charter Number - Taxpayer Identification Number, Filing Number or Federal Identification Number
For more information concerning Texas Secretary of State Charter Number call 800-252-1381

President: _____ Address: _____

Vice President: _____ Address: _____

Secretary/Treasurer: _____ Address: _____

Registered Agent: _____ Telephone Number: _____

Address: _____

IF A PARTNERSHIP*:

Type of Partnership: _____ State Charter or File No.: _____

Name of General Partner: _____ Address: _____

Name of Partners: _____ Address: _____

_____ Address: _____

_____ Address: _____

_____ Address: _____

IF NONE OF THE ABOVE*:

Legally Responsible Person: _____

Address: _____ Driver's License: _____

Number State

* Also provide the above information - including business addresses - on all persons having 10% or greater financial interest in the company.

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request to be informed about information the State of Texas collects on 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).