



Texas Department of State
Health Services

LASER REGISTRATION APPLICATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SECTION - REGISTRATION UNIT

Mail Code 2003
P.O. Box 149347
Austin, Texas 78714-9347

Phone #: (737) 218-7110
Fax #: (512) 206-3787
email: XrayRegistration@dshs.texas.gov

NEW OR RENEWAL ONLY

This application is for users of lasers for Medical, Dental, Veterinary Medicine, Academic, Research, Industrial, and Entertainment/Laser Light Shows.

- **Retain a completed copy of the application for your records.**
- *** See page 4 for further information.**

- TYPE OF ACTION: New Registration
 Renewal of Registration # Z_____
- LEGAL BUSINESS NAME *as filed with the Texas Secretary of State*:

- ASSUMED NAME (dba), if applicable:

- LASER SAFETY OFFICER:
Name: _____ Title: _____
Phone #: _____ Extension #: _____
Email address: *(required)* _____
All correspondence will be sent to this email address. Ensure this email address is monitored.
- BUSINESS MAILING ADDRESS:
Phone #: _____ Business Fax #: _____
Street Address: _____ City: _____
State: _____ Zip: _____ County: _____
- BILLING MAILING ADDRESS: Same as business mailing address
Phone #: _____ Business Fax #: _____
Street Address: _____ City: _____
State: _____ Zip: _____ County: _____

LEGAL NAME: _____ Z _____

7. PHYSICAL LOCATION & LASER INFORMATION:

Copy this page and complete for each additional location where laser(s) are located.

PHYSICAL LOCATION IN TEXAS: _____ SITE #: _____ (Renewal only)

Street Address: _____

City: _____ Zip: _____

County: _____ Phone #: _____

LASER INFORMATION:

*Enter the **total number** of laser(s) in each category at this location. Include leased laser(s).*

Total No. of Laser(s)	Laser Description	Category Code
	Human Use	601
	Mobile Human Use (Lasers used at temporary sites for limited time periods.)	601
	Veterinary Use	601
	Mobile Veterinary Use (Lasers used at temporary sites for limited time periods.)	601
	Academic / Educational / Research (non-human, non-live animal use)	601
	Entertainment / Laser Light Show *	600
	Industrial Use	600
	Portable / Handheld Positive Material Identification (PMI)	600
	Pavement Evaluation *	600
	Outdoor Laser Firing (other than pavement evaluation) *	600

* See page 4 for further information.

8. If the facility has a contracted provider of lasers, complete the following:

Provider name: _____

Provider Registration #: _____ Laser Category Code(s): _____

Address (street, city, & zip code) where laser device will be used:

LEGAL NAME: _____ Z _____

SIGNATURES: This application is to be signed by:

- The Laser Safety Officer. (Sign in Section 9.)
- The Licensed Physician, if applicable. (Sign in Section 10.)
- The Applicant. (Sign in Section 11.)

9. LASER SAFETY OFFICER (LSO):

- I certify that I will fulfill the duties and accept the responsibilities of the LSO as required in 25 TAC §289.301.
- I certify that all the information provided herein is true and correct to the best of my knowledge and will comply with all applicable provisions of 25 TAC §289.301.

Typed or printed name

TX License Board No. or Title

Signature

Date

10. LICENSED PHYSICIAN: (MD, DO, DDS, DMD, DC, DVM, DPM)

- As a **licensed physician**, I certify that I am the owner or associated with this applicant and provide supervision to non-practitioners administering laser radiation to human beings or animals in accordance with Title 25, Texas Administrative Code (TAC) §289.301.
- I certify that I am qualified and agree to carry out those duties and responsibilities as the Licensed Physician.
- I certify that all the information provided herein is true and correct to the best of my knowledge and will comply with all applicable provisions of 25 TAC §289.301.

Typed or printed name

TX License Board No. or Title

Signature

Date

11. APPLICANT, OR PERSON DULY AUTHORIZED TO ACT ON BEHALF OF THE APPLICANT:

Certification must be made by the Administrator, President, CEO, COO, CFO, Partner, or Owner.

I certify that all the information provided herein is true and correct to the best of my knowledge and will comply with all applicable provisions of Title 25, Texas Administration Code, Chapter 289.

Typed or printed name

Title

Signature

Date

Correspondence, including certificates, is sent by email only to the Laser Safety Officer. Ensure that the email address provided is monitored.

Direct any questions to: XrayRegistration@dshs.texas.gov

Visit our website for additional information or documents:

<https://www.dshs.state.tx.us/radiation/lasers/registration.aspx>

*** ADDITIONAL FORMS THAT MUST BE SUBMITTED WITH APPLICATION:**

- RC 226-01 Business Information Form
- RC 42-L Laser Safety Officer

NEW APPLICATIONS AND FEES:

- For new application fees, see fee schedule RC 204.
- Mail application packet and fees to address on page 1.

*** ADDITIONAL AUTHORIZATION INFORMATION:**

Submit required information and receive Certificate of Registration prior to providing Laser Light Show, Pavement Evaluation, or any other outdoor laser firing.

- Laser Light Show
 - Copy of current FDA Variance, or evidence of Annual Report.
 - Pavement Evaluation
 - Copy of Operating & Safety Procedures.
 - Copy of Outdoor Laser Firing Procedures.
 - Outdoor Laser Firing (other than pavement evaluation)
 - Copy of current FDA Variance, annual report, or correspondence.
 - Copy of Operating & Safety Procedures.
 - Copy of Outdoor Laser Firing Procedures.
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