



RADIATION MACHINE TRANSFER/DISPOSAL FORM

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SAFETY LICENSING BRANCH
P.O. Box 149347
Austin, Texas 78714-9347

Phone #: (512) 834-6688 ext. 2225
Fax #: (512) 834-6717

DO NOT use this form to terminate your registration.

*Note: If one machine is replaced with another machine, and the total number of machines **does not** change, it is not necessary to submit this form. Keep all installation and transfer/disposal records on-site for inspection purposes.*

Registration Number: **R** _____ Business Phone Number: _____

Legal Name of Business: _____

Business Address: _____

RADIATION MACHINE DATA

Complete the following information for each machine which is no longer in use.

1. Machine: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Site Number: _____ Site address: _____ Machine Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

Replaced this machine in same category: No Yes Total number of machines remaining after transfer/disposal: _____

2. Machine: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Site Number: _____ Site address: _____ Machine Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

Replaced this machine in same category: No Yes Total number of machines remaining after transfer/disposal: _____

3. Machine: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Site Number: _____ Site address: _____ Machine Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

Replaced this machine in same category: No Yes Total number of machines remaining after transfer/disposal: _____

SIGNATURE of the applicant, or person duly authorized to act on behalf of the applicant:

(Example: RSO, President, Registered Agent, CEO, COO, CFO, Partner, and Owner)

I certify that the information on this form is true and correct.

PRINTED NAME _____

PRINTED TITLE _____

SIGNATURE _____

DATE _____

ADDITIONAL EQUIPMENT INFORMATION

Registration Number: R

4. Machine: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Machine Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

Replaced this machine in same category: No Yes Total number of machines remaining after transfer/disposal: _____

5. Machine: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Machine Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

Replaced this machine in same category: No Yes Total number of machines remaining after transfer/disposal: _____

6. Machine: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Machine Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

Replaced this machine in same category: No Yes Total number of machines remaining after transfer/disposal: _____

7. Machine: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Machine Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

Replaced this machine in same category: No Yes Total number of machines remaining after transfer/disposal: _____

8. Machine: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Machine Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

Replaced this machine in same category: No Yes Total number of machines remaining after transfer/disposal: _____

9. Machine: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Machine Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

Replaced this machine in same category: No Yes Total number of machines remaining after transfer/disposal: _____

10. Machine: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Site Number: _____ Site address: _____ Machine Category: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

Replaced this machine in same category: No Yes Total number of machines remaining after transfer/disposal: _____