RADIATION SAFETY LICENSING BRANCH
LASER TRANSFER/DISPOSAL FORM

This form can be used to notify the Department of the disposition of any laser device, which is transferred, disposed of or rendered inoperable. If the device is discarded or any part is disassembled to prevent the machine(s) from being energized, by completing and submitting this form the device will removed from your registration.

Registration Number: ______________ Telephone Number: ______________

Registrant Name: _________________________________________________________

Address: ____________________________________________________________________________________

______________________________________________________________

Laser Device Data

Complete the following information for each Laser device, which is no longer in use. On the “TRANSFERRED TO:” line, indicated to whom the equipment was transferred, how it was disposed or how it was rendered inoperable. (Inoperable means the radiation machine cannot be energized when connected to a power supply.)

Manufacturer: _____________________________ Transferred To: ____________________________
Category Class______________________________ Address: __________________________________
Site: ______________________________________     _________________________________

Date of Transfer: ___________________________

Manufacturer: _____________________________ Transferred To: ____________________________
Category Class______________________________ Address: __________________________________
Site: ______________________________________     _________________________________

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
P O Box 149347 Mail Code 2835
Austin Texas 78714-9347
Fax 512-834-6716

I certify that the above information is true and correct to the best of my knowledge.

Signature of laser safety officer or person authorized to act on behalf of registrant.
(Example: President, Registered Agent, CEO, CFO, Partner, Owner):

SIGNATURE       TITLE       DATE

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Additional Laser information

Manufacturer: _____________________________  Transferred To: ____________________________
Category Class: __________________________
Site: ____________________________________  Address: ________________________________
Date of Transfer: _________________________

Manufacturer: _____________________________  Transferred To: ____________________________
Category Class: __________________________
Site: ____________________________________  Address: ________________________________
Date of Transfer: _________________________

Manufacturer: _____________________________  Transferred To: ____________________________
Category Class: __________________________
Site: ____________________________________  Address: ________________________________
Date of Transfer: _________________________

Manufacturer: _____________________________  Transferred To: ____________________________
Category Class: __________________________
Site: ____________________________________  Address: ________________________________
Date of Transfer: _________________________

Manufacturer: _____________________________  Transferred To: ____________________________
Category Class: __________________________
Site: ____________________________________  Address: ________________________________
Date of Transfer: _________________________