



**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 be 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**

Additional Laser information

Manufacturer: _____

Transferred To: _____

Category Class _____

Address: _____

Site: _____

Date of Transfer: _____

Manufacturer: _____

Transferred To: _____

Category Class: _____

Address: _____

Site: _____

Date of Transfer: _____

Manufacturer: _____

Transferred To: _____

Category Class: _____

Address: _____

Site: _____

Date of Transfer: _____

Manufacturer: _____

Transferred To: _____

Category Class _____

Address: _____

Site: _____

Date of Transfer: _____

Manufacturer: _____

Transferred To: _____

Category Class: _____

Address: _____

Site: _____

Date of Transfer: _____