

## **BUSINESS INFORMATION FORM**

Texas Department of State Health Services Radiation Safety Licensing Branch MC-2003 PO BOX 149347, Austin, TX 78714-9347

Radioactive Material License and General License Acknowledgement only

Business/Company Name						
Doing business as: (if applicable)						
Physical Business Location:						
	Street					
	City			State	Zip Code	
Business Telephone Number	()		<del> </del>			
Billing Address (if different from						
Physical Business Location):	Street					
	City			State	Zip Code	
Telephone Number. (if different from above)	()			Otate	Zip code	
CERTIFICATION OF FINANCIAL QUALIFICATION (25 TAC §289.252(jj)(8)): Check the applicable block(s) and comply.						
· ·				§289.252(jj	)(8)):	
· ·	Check the a uired by 25 TA \$289.252(jj)	pplicable block(s) AC §289.252(g (8)(A) attests t	and comply.  g) to provide	e financial	assurance and i	
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## COMPLETE SECTION 1, 2, 3, OR 4, AS APPROPRIATE TO YOUR BUSINESS AND SIGN SECTION 5

1. CORPORATION:	STATE CHARTER or FILE NO.				
TYPE	For more information concerning Texas Secretary of S Charter or File Number Call 800-252-1381 or	State			
	www.sos.state.tx.us				
	Address:				
President:OR					
Registered					
Agent  2. PARTNERSHIP (Excluding General	STATE CHARTER or				
Partnerships)	FILE NO For more information concerning Texas Secretary of S	Stata			
TYPE	Charter or File Number Call 800-252-1381 or	state			
Name of	www.sos.state.tx.us				
Partner:	Address:				
Name of Partner:	Address:				
	riadross				
(Add additional sheets as necessary)					
3. GOVERNMENTAL ENTITY Name:	Employer Identification Number (EIN)				
	[Also known as a Federal Tax				
	IdentificationNumber]:				
Address:					
4. IF NONE OF THE ABOVE: (Including General Partnerships & Sole Proprietorships)					
Owner of business:	Employer Identification Number (EIN) [Also known as a Federal Tax				
	IdentificationNumber]:				
Address:					
5. SIGNATURE of applicant or person duly authorized to act on behalf of applicant (Example: President, Registered Agent, CEO, CFO, Partner, Owner):					
(Example: 1 resident, Registered Agent, OLO, of O, 1 artifer, Owner).					
SIGNATURE	TITLE DA1				
SIGNATURE	IIILE DAI				

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 <a href="http://www.dshs.state.tx.us">http://www.dshs.state.tx.us</a> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).

2 RC252-1 (10/08)