



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	()		
Billing Address (if different from Physical Business Location):	Street		
	City	State	Zip Code
Telephone Number. (if different from above)	()		

CERTIFICATION OF FINANCIAL QUALIFICATION (25 TAC §289.252(jj)(8)):

Check the applicable block(s) and comply.

- ☐ The applicant is not required by 25 TAC §289.252(gg) to provide financial assurance and in accordance with 25 TAC §289.252(jj)(8)(A) attests that the applicant is financially qualified to conduct the activity requested for licensure.
- ☐ The applicant is required by 25 TAC §289.252(gg) to provide financial assurance. In accordance with the provisions of 25 TAC §289.252(jj)(8)(B), one of the following **is submitted**:
 - ☐ the bonding company report (or equivalent) that was used to obtain the financial assurance instrument;
 - ☐ SEC documentation (if the applicant is a publicly-held company); or
 - ☐ a self-test (annual audit or business plan).
- ☐ The applicant is required by 25 TAC §289.252(gg) to provide financial assurance. In accordance with the provisions of 25 TAC §289.252(jj)(8)(B), the following **is declared**:
 - ☐ Standard Industry Classification Code _____
 - Current Assets _____
 - Current Liabilities _____
- ☐ The applicant is a state or local government entity.

PLEASE COMPLETE PAGE 2

**COMPLETE SECTION 1, 2, 3, OR 4, AS APPROPRIATE TO YOUR BUSINESS AND SIGN
SECTION 5**

1. CORPORATION: TYPE _____ President: _____ OR Registered Agent _____	STATE CHARTER or FILE NO. _____ For more information concerning Texas Secretary of State Charter or File Number Call 800-252-1381 or www.sos.state.tx.us Address: _____ _____ _____
2. PARTNERSHIP (Excluding General Partnerships) TYPE _____ Name of Partner: _____ Name of Partner: _____ (Add additional sheets as necessary)	STATE CHARTER or FILE NO. _____ For more information concerning Texas Secretary of State Charter or File Number Call 800-252-1381 or www.sos.state.tx.us Address: _____ _____ Address: _____ _____
3. GOVERNMENTAL ENTITY Name: _____ Address: _____ _____	Employer Identification Number (EIN) [Also known as a Federal Tax IdentificationNumber]: _____
4. IF NONE OF THE ABOVE: (Including General Partnerships & Sole Proprietorships) Owner of business: _____ Address: _____ _____	Employer Identification Number (EIN) [Also known as a Federal Tax IdentificationNumber]: _____

5. SIGNATURE of applicant or person duly authorized to act on behalf of applicant (Example: President, Registered Agent, CEO, CFO, Partner, Owner): 		
SIGNATURE	TITLE	DATE

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