



TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS)  
 RADIATION SAFETY LICENSING BRANCH (RSLB)  
 Mail Code 2835  
 P.O. Box 149347  
 Austin, Texas 78714-9347

FOR AGENCY USE ONLY  
 FILE NO. \_\_\_\_\_  
 APP. NO. \_\_\_\_\_

## Laser Safety Officer (LSO) Information

This form may be used to request a change in LSO for your facility. Select from the categories listed below and submit the credentials of the designated LSO that are specific to your situation. Listings of the requirements, which the LSO must meet, are located in 25 Texas Administrative Code (TAC) §289. Mail or fax completed form along with the appropriate documentation to the above address. Fax number (512)834-6716. If there are any questions, contact RSLB-Registration at (512) 834-6688. Retain a copy for your records.

**REGISTRATION NUMBER:** \_\_\_\_\_  
 (Applicants applying for New Registration will not have a registration/certification number)

Name of Facility \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Address of Facility \_\_\_\_\_  
 \_\_\_\_\_

LSO Designee \_\_\_\_\_  
 Individual's Full Name (Print or type)

Licensed Practitioner Texas Licensing Board No. \_\_\_\_\_  
 If a Physician signs as LSO no additional qualifications need to be submitted.

- Submit documentation of laser experience, education and/or training. The following are examples of what will qualify an individual as a LSO*
- educational courses related to laser radiation safety or a laser safety officer course (e.g. training certificates, etc.); *or*
  - experience in the use and familiarity of the type of equipment registered for (e.g. training obtained from manufacturer/in-house training, etc.); *and*
  - knowledge of potential laser radiation hazards and laser emergency.

### Documentation of Device Experience

Name of Facility	Type and Class of Laser/IPL Equipment Operated	Knowledge of Laser Radiation Hazards and Emergency Situations

### Certification

I hereby accept the responsibilities of Laser Safety Officer as required in 25 TAC §289.

\_\_\_\_\_  
 Signature of designated Laser Safety Officer

\_\_\_\_\_  
 Date

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about 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).