



North Carolina Department of Environment and  
Natural Resources  
Division of Environmental Health  
**RADIATION PROTECTION SECTION**

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**SHIELDING DESIGN FORM**

(PLEASE PRINT OR TYPE INFORMATION BELOW)

\_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Company Preparing Shielding Design

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

\_\_\_\_\_

Active Service Registration Number \_\_\_\_\_ Email Address \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Signature of Qualified Expert \_\_\_\_\_

**FACILITY INFORMATION**

\_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name and Title of Facility Owner/Manager

\_\_\_\_\_ Facility: New ( ) Existing ( ) Relocation ( )

Facility Registration # (if applicable)

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Moving List New Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Equipment Information:**

**Proposed Date of Installation:** \_\_\_\_\_

Manufacturer	*Code	kvp	MA	MA – min/wk	**Type

\*N (new)      R (replacement)      A (additional)      RL (relocation of existing equipment)  
 \*\*M (medical)      D (dental)      V (veterinary)

**IF EQUIPMENT WAS PURCHASED AS USED, SUPPLY INFORMATION IN THE SPACE PROVIDED BELOW:  
 FORMER OWNER'S NAME AND ADDRESS:**

Radiation Protection Section – W. Lee Cox III, Chief  
 1645 Mail Service Center, Raleigh, North Carolina 27699-1645  
 Phone: (919) 571-4141 / FAX: (919) 571-4148 / Internet: [www.ncradiation.net](http://www.ncradiation.net)