



NCDENR/Division of Environmental Health
North Carolina Radiation Protection Section

**APPLICATION FOR REGISTRATION OF X-RAY UNITS AND FACILITIES
NON-HEALING ARTS**

Initial Registration Amended Registration We've moved Reg. No _____

1. FACILITY ADDRESS: Physical location of facility & x-ray unit(s)

Facility Name: _____ Phone Number: (____) _____
Facility Contact: _____ Fax Number: (____) (____) _____
Radiation Safety Officer: _____ Phone Number: (____) _____
Physical Address: _____ E-mail: _____
City: _____ State: _____ Zip Code + 4 _____

2. MAILING ADDRESS: (If different than item 1):

Mailing Address: _____ E-mail: _____
City: _____ State: _____ Zip Code + 4 _____
Phone Number: (____) _____ Fax Number: (____) _____

3. ACCOUNTS PAYABLE/FINANCIAL OFFICER:

****MUST BE COMPLETED****

Financial Officer: _____ Phone Number : (____) _____
Billing Address: _____ Fax Number: (____) _____
City: _____ E-Mail: _____
State: _____ State: _____ Zip Code + 4 _____

4. BUSINESS INFORMATION: Persons Financially Responsible for Facility and/or X-ray Unit(s):

****MUST BE COMPLETED****

BUSINESS CORPORATE NAME _____ Phone Number : (____) _____
Address: _____ City: _____ State: _____ Zip Code + 4 _____
TYPE OF OWNERSHIP: Individual(s) Limited Partnership General Partnership Corporation

5. TYPE OF FACILITY:

Industrial Educational Government Industrial Radiography Other _____

6. INSTALLER INFORMATION:

Business Name _____ Phone Number: (____) _____
Address: _____ City: _____ State: _____ Zip Code: _____

7. The provisions of 15A NCAC 11 .0203, requires registration of x-ray facilities and each radiation machine within 30 days following initial operation of the facility and each radiation machine. Registration fees are due upon date of issuance of registration and annually thereafter on July 1 in accordance with 15A NCAC 11.1102.

Check appropriate box for each x-ray unit

LIST ALL X-RAY UNITS USE CONTROL CONSOLE INFORMATION

Room Number	Manufacturer	Model Number/Name	Control Serial Number	No. of Tubes	Date Control Console was Installed	ADD THIS MACHINE	CABINET RADIOGRAPHY	SHIELDED ROOM RADIOGRAPHY	OTHER INDUSTRIAL RADIOGRAPHY	DIFFRACTION	SPECTROSCOPY	ELECTRON MICROSCOPE	PROCESS CONTROL GAUGE	NON-HUMAN USE DENTAL	NON-HUMAN USE MEDICAL	PERSONNEL SCREENING SECURITY	MAIL / BAGGAGE SCREENING	HOME LAND SECURITY	OTHER (SPECIFY)
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. The following information should be provided with your application: A) a copy of the operating & emergency procedures for each machine listed in Section 7; B) a copy of the radiation safety program; C) initial radiation surveys for each machine; D) name of the company providing personnel monitoring for each operator; E) type of radiation survey instrumentation (if not applicable, provide justification); F) name, training and experience of each operator.

9. LIST Deleted Units Taken by Service Company Salvaged Sent to Land Fill Donated Out of State Made Permanently Inoperable

10. LIST Units NOT in Use – Not in Use units are subject to the Annual Fees.

11. Please list recipient of sold, deleted, or donated x-ray units:

Individual/Business Name: _____ Phone Number: (____) _____ Fax Number: (____) (____) _____
 City: _____ State: _____ Zip Code + 4 _____ Email: _____

12. THE LEGAL OWNER OR RADIATION PROTECTION REPRESENTATIVE OR AUTHORIZED DESIGNEE MUST SIGN AND CERTIFY ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE:

Date: _____ Signature: _____ Print Name: _____ Title: _____

____ Inspector Initials _____ Date Accept Accept with Changes Reject