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|---|--|---|--|--|--|---------------------------|--|
| General Statute 104E-7 (4) requires registration of all x-ray units. Registration fees are due upon registration and annually thereafter on July 1. "Not in Use Units" must be registered – these units remain subject to annual fees. When units have been disposed, use this deleted unit form to update registration. | | | | <h2>Delete X-ray Equipment Form</h2> <h3>All Units</h3> | | | |
| 1. Registration # (Required) | | | | Reason for Deleting | | | |
| Facility Name | | | | | | | |
| Facility Address | | | | | | | |
| <input type="checkbox"/> New Facility, Pending Registration | | If Checked, submit business application with this document | | | | | |
| <input type="checkbox"/> Change of Ownership | | If Checked, submit business application with this document | | SENT TO LAND FILL SALVAGED SENT OUT OF STATE TAKEN BY SERVICE COMPANY SOLD TO ANOTHER DOCTOR OR FACILITY DONATED TO CHARITY | List recipient under each deleted unit. If multiple units are deleted and the units go to one place, only list information under the first deleted unit | | |
| <input type="checkbox"/> Currently Registered & Moved to New Location | | If Checked, submit business application with this document | | | | | |
| <input type="checkbox"/> Currently Registered & Updating Equipment Information Only | | If Checked, only submit this document | | | | | |
| | | | | | | | |
| 2. Unit Location | | Unit Manufacturer | | Unit Mode | | Unit Serial Number | |
| | | | | | | | |
| Individual/Business: | | | | Phone: | | Email: | |
| Address: | | | | City: | | State: Zip Code: | |
| | | | | | | | |
| Individual/Business: | | | | Phone: | | Email: | |
| Address: | | | | City: | | State: Zip Code: | |
| | | | | | | | |
| Individual/Business: | | | | Phone: | | Email: | |
| Address: | | | | City: | | State: Zip Code: | |
| | | | | | | | |
| Individual/Business: | | | | Phone: | | Email: | |
| Address: | | | | City: | | State: Zip Code: | |
| | | | | | | | |
| Individual/Business: | | | | Phone: | | Email: | |
| Address: | | | | City: | | State: Zip Code: | |

3. THE LEGAL OWNER OR AUTHORIZED DESIGNEE MUST SIGN AND CERTIFY ALL INFORMATION CONTAINED WITHIN THIS APPLICATION ACCURATE AND COMPLETE:

Date: _____ Print Name: _____ Signature: _____ Title: _____ Rev. 11/16/18