

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 delete form to update registration.

Equipment Form - Non-Healing Arts Industrial Radiography, Analytical or Research

This registration form is for radiation machines used for non-human / animal use

LIST INFORMATION FOR EACH RADIATION GENERATING DEVICE (RGDs) INCLUDE RGDs NOT IN USE					Enter # from legend below for Type & Application	Check appropriate <u>boxes</u> if applicable for each unit listed												
1. BUSINESS INFORMATION		<input type="checkbox"/> New Registration		<input type="checkbox"/> Amended Registration	Column (A) Unit Type	Column (B) Unit Application	Beam Type		Unit Arrangement			Type				Use		Not in Use (if Checked review item #2 below)
Registration #:							Open Beam	Closed Beam	Benchtop	Stationary	Conveyor System	Off-Site	Mobile	Leased	Out of State	Research	Medical Device Non-Human Use	
Business Name:							□	□	□	□	□	□	□	□	□	□	□	
Physical Address:							□	□	□	□	□	□	□	□	□	□	□	
City / State / Zip:							□	□	□	□	□	□	□	□	□	□	□	
2. Unit Location	Unit Manufacturer	Unit Model	Unit Serial Number	Install Date / Hand Held Unit Received Date			□	□	□	□	□	□	□	□	□	□		
							□	□	□	□	□	□	□	□	□	□		
							□	□	□	□	□	□	□	□	□	□		

3. Enter information below if NOT IN USE units are stored at a location different from the business address

Individual/Business: _____ Phone Number: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

4. INSTALLER INFORMATION: Any company offering to sell or provide equipment services must be registered with this agency. This includes on-line purchases, internet sales and catalogue sale.

Individual/Business: _____ Phone Number: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

5. THE LEGAL OWNER OR AUTHORIZED DESIGNEE MUST SIGN TO CERTIFY ALL INFORMATION ON THIS APPLICATION IS ACCURATE & COMPLETE:

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

(A) Unit Type #	(B) Unit Application #
Analytical	Analytical
3000 Analytical	4000 Analyzer (e.g. spectroscopy, XRF, XRD)
	4010 Analyzer (e.g. spectroscopy, XRF, XRD) *cabinet*
	4020 Handheld Analyzer
	4030 Portable Analyzer
	4040 Control Gauge
	4050 Crystallography
	4060 Fluoroscopy
	4070 Particle Size Analyzer
Process Control Gauge #	Process Control Gauge #
3100 Process Control Gauge	4100 Fill Levels
	4110 Density
	4120 Thickness
	4130 Measurement / Weight
Cabinet Scanner #	Cabinet Scanner #
3200 Cabinet Scanner	4200 Cargo / Pallet
	4210 Baggage
	4220 Food QA
	4230 Package / Mail
	4240 Miscellaneous Product
	4250 Security / Government
Cabinet Radiography	Cabinet Radiography #
3300 Cabinet Radiography	4300 Enclosed
	4310 Operator Entrance
	4320 Irradiator
	4330 Specimen Cabinet

(A) Unit Type #	(B) Unit Application #
Electron Beam / Accelerator	Electron Beam / Accelerator
3400 Electron Beam	4400 Curing / Melting Unit
	4410 Welding Unit
	4420 Sealing Unit
	4430 Drying Unit
3410 Accelerator	
Industrial Radiography #	Industrial Radiography #
3500 Shielded Room Radiography	4500 Fixed / Permanent Install
3510 Mobile Radiography	4510 Off-Site / Temporary Site
	4520 On-Site Radiography
	4530 Scanning Radiography

Bomb Detectors RGDs #	Miscellaneous #
3600 Pulsed Radiography	3900 Cabinet Certifiable
3610 Radiography	3910 Cathodoluminescence
3620 Robotic / Remote Control RGD	3920 Flash X-Ray
3630 Handheld Scanning	3930 Ion Implant
Screening*** The units below require a waiver #	3940 Medical
3700 ***Human Screening (Government Use Only)	3950 Luminoscope
3710 ***Mobile Cargo Van (Government Use Only)	3960 Tube(s)

Electron Microscope ***Units below may require waiver #	
3800 ***Electron Microscope (without beam attachment)	
3810 Electron Microscope (with beam attachment)	
Unit Not Listed #	
9999 Describe:	