X-RAY MACHINE REGISTRATION APPLICATION FY

Registration Number (Completed by the Division):

(2019 Revision, Provided by the Division of Waste Management and Radiation Control)

Registered Facility Name:			Facility Type (see reverse):			
Address Line 1:			Doctor's Name:			
Address Line 2:			Facility Contact's Name:			
City and ZIP Code			Facility Phone Number:			
Registrant Information:						
The Registrant is the LEGAL	PERSON responsible for the x-ray machines.	This must be either	a business entity registered to a	to business in the State of Utah or an individual person. The		
Registrant cannot be a dba.	Registrant cannot be a dba.					
Check the appropriate box:	Check the appropriate box: Individual Corporation LLC Partnership PC Other (specify type)					
Legal Name of Registrant: Check Box if Address is the Same as Registered Facility						
Registrant Phone Number	er:		Registrant Address Line 1			
Registrant Billing Email:			Registrant Address Line 2			
Facility Contact Email:			Registrant City and ZIP Code			
			*			

MACHINE INFORMATION

UTAH		CONTROL PANEL					STATUS	1	
MACHINE					UNIT TYPE	NUMBER	(Active/Stored/Trans)	*REG.	
ID NO.	MANUFACTURER	MODEL#	SERIAL NUMBER	ROOM	(see reverse)	OF TUBES	(see reverse)	FEE	
			,						
		1							
		1							
		1							
		1							
*The registration fee is \$45.00 per x-ray tube. If the control unit operates more than one tube, each additional tube is \$45.00.									
MAKE CHE	MAKE CHECKS PAYABLE TO: DIVISION OF WASTE MANAGEMENT AND RADIATION CONTROL								
		P.O. BOX 144880	P.O. BOX 144880						
SALT LAKE CITY, UT 84114-4880									
	I hereby certify that:								
	1) All information in this registration application is true and complete;								
	2) If Registrant is a business entity, the person signing below on behalf of the Registrant is authorized to do so;								

3) I will develop a detailed program of radiation safety that includes provision for keeping doses As Low As Reasonably Achievable and assures compliance with Utah Radiation Control Rules;

4) I will instruct employees in the hazards of radiation and in safety practices they must adhere to; and

5) Any change in the information furnished in this application will be reported, in writing, to Director, Division of Waste Management and Radiation Control, at the address above, within 14 working days of such change.

REGISTRANTS SIGNATURE:	TITLE:	
PRINT NAME:	DATE:	

SUBMIT THIS FORM AND ANY ATTACHMENTS WITH PAYMENT TO THE ADDRESS ABOVE.

FACILITY TYPE			MACHINE STATUS			
DC	Chiropractors	Active	V rev mashing is an article of this time.			
DDS	Dentists	Active	X-ray machine is operational at this time.			
DP	Podiatrists	Stored	V row machine is not functional, but is repairable and is stared			
DVM	Veterinarians	Stored	X-ray machine is not functional, but is repairable and is stored.			
HOSP	Hospitals	Trans	X-ray machine has been sold, disposed of, or has been sent out of state.			
IND-C	Industrial with cabinet or other industrial units	TTATIS	X-ray machine has been sold, disposed of, of has been sent out of state.			
IND-H	Industrial with high or very high radiation areas	Notes:				
MD-F	Medical w/fluoroscopic or computed tomography units		unit (MR) is one that may be moved, but requires some assistance to move e., wheels, dolly, etc. A portable unit (PR) is one that is also capable of			
MD-R	Medical w/general purpose radiographic units		ved, but the unit is small enough that it can be hand moved by a single			
RT	Radiation Therapy	individual. The code IND tracks those systems used in the nondestructive testing welds, etc. The code MINCF applies to a C-arm fluoroscopic system with an ima intensifier of approximately 2 inches in diameter.				
OT-ED	Other-Educational					
OT-ML	Other-Low Exposure Medical					

X-ray Unit Type (based upon how the system is used)

BSCAN	Bone Mineral Analyzer	MA	Mammographic
CEPH	Cephalometric	MINCF	Mini C-arm Fluoroscopic
CF	Stationary C-arm Fluoroscopic	MR	Mobile Radiographic (see notes above)
MCF	Mobile C-arm Fluoroscopic	PA	Particle Accelerator
СТ	Computed Tomography	PAN	Panoramic Dental
CX	Cabinet x-ray	PCEPH	Combination Panoramic, Cephalometric, or Computed Tomography
DR	Intraoral Dental Radiographic	POD	Podiatric Radiographic
FL	Fluoroscopic	PR	Portable Radiographic (see notes above)
GR	General Purpose Radiographic	XD	X-ray Diffraction
GR/FL	Combined General Purpose Radiographic and Fluoroscopic	XD/XF	Combination X-ray Diffraction/ Fluorescence
IND	Industrial x-ray (nondestructive testing applications) (see notes above)	XF	X-ray Fluorescence