NCDENR/Division of Environmental Health
North Carolina Radiation Protection Section

NORTH CAROLINA
RADIATION PROTECTION

APPLICATION FOR REGISTRATION OF X-RAY UNITS AND FACILITIES

HEALING ARTS

☐ Initial Registration ☐ New Satellite Office ☐ Amended Registration ☐ We've moved Reg. No _____

1. PHYSICAL ADDRESS: Physical location of facility & x-ray unit(s) **Please list your equipment on the 2nd sheet & sign**

Facility Name: _____ Phone Number: (____)_____

Facility Contact: _____ Fax Number: (____)_____

Physical Address: _____ E-mail:_____

City: _____ County:_____ State:____ Zip Code + 4 _____

2. MAILING ADDRESS: (*If different than item 1*): County Code of Facility _____

Mailing Contact: _____

Mailing Address: _____ E-mail:_____

City: _____ State:_____ Zip Code + 4 _____

Phone Number: (____)_____ Fax Number: (____) _____

3. ACCOUNTING SPECIALIST/BILLING OFFICE: ****MUST BE COMPLETED****

Billing Contact Person: _____ Phone Number: (____)_____

Billing Address:_____ Fax Number: (____)_____

City _____ E-Mail: _____

State: _____ Zip Code + 4 _____

4. OWNER, PARTNER OR CORPORATE OFFICER: Persons Financially Responsible for Facility and/or X-ray unit(s)

****MUST BE COMPLETED****

CORPORATE NAME: _____ Phone Number: (____) _____

Address: _____City:_____ State:____ zip Code_____

OWNERSHIP: ☐ SOLE PROPRIETOR ☐ LLC ☐ LLP ☐ INC ☐ NON PROFIT INC ☐ PA ☐ PC

5. TYPE OF FACILITY:

☐ Chiropractic ☐ Dental ☐ Educational ☐ Government ☐ Health Dept ☐ Imaging Center
☐ Hospital ☐ Clinic ☐ Physician ☐ Podiatry ☐ Mobile Service ☐ Veterinarian

6. INSTALLER INFORMATION or *PREVIOUSLY INSTALLED FOR*: _____
Old Registration Number

Business Name_____
Phone Number: (____)_____Address: _____
City:_____ State: ____Zip Code_____

1645 Mail Service Center Raleigh, North Carolina 27699-1645 Phone: (919) 571-4141 FAX: (919) 571-4148
Internet: www.ncradiation.net

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.

LIST ALL X-RAY UNITS USE CONTROL CONSOLE INFORMATION

Check appropriate box for each x-ray unit

Room Number	Manufacturer	Model Number/Name	Control Serial Number	No. of Tubes	Date Control Console was Installed	ADDING Unit	MOBILE	DIGITAL	RADIOGRAPHIC	FLUOROSCOPIC	CT SCANNER	C-ARM	INTRAORAL	PANOREX	CEPHALOMETRIC	CONE BEAM DENTAL	BONE DENSITY	OTHER (Specify)	Mammo use Addedum page
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8. LIST Deleted Units ☐ Taken by Service Company ☐ Salvaged ☐ Sent to Land Fill ☐ Donated ☐ Out of State ☐ Made Permanently Inoperable

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

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

Individual/Business ______________________________ Phone Number: (____)____________ Fax Number (____)________________

City:______________________________ State: ____ Zip Code + 4 ____________________ Email ______________________

THE RADIATION SAFETY OFFICER OR PERSON RESPONSIBLE FOR RADIATION AT YOUR FACILITY MUST BE IDENTIFIED IN YOUR RADIATION PROTECTION PROGRAM.

11. 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

REGNO: **FDA CERTIFICATE NAME** **MAMMOGRAPHY UNITS ONLY**

M7. ____

LIST MAMMOGRAPHY UNITS USE CONTROL CONSOLE INFORMATION

Registration fees are due upon date of issuance of registration and annually thereafter on July 1 in accordance with 15A NCAC 11.1102.

Check all boxes that apply for each machine
Identify P or NP for all Non Certified Equipment
P = Patient / NP = Non Patient

									FDA Certified					STEREO		Non Certified				
Room Number	Manufacturer	Model Name	FDA #	CONTROL Serial Number	Date of MFG	No. of Tubes	Date Control Console was Installed	ADDING UNIT	FILM SCREEN	DIGITAL DR	COMPUTED RAD - CR	MOBILE	STEREO ATTACHMENT	STEREOTATIC	STEREOTATIC MOBILE	ACCREITED BY ACR	BIOSPY/LOC ☐ P ☐ NP	SPECIMEN CABINET- NP	EDUCATION ☐ P ☐ NP	RESEARCH ☐ P ☐ NP	VET - NP
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M8. LIST Deleted Units ☐ Taken by Service Company ☐ Salvaged ☐ Sent to Land Fill ☐ Donated ☐ Out of State ☐ Made Permanently Inoperable

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