



South Carolina Department of Health and Environmental Control

FACILITY REGISTRATION APPROVAL REQUEST

Facility Name: _____

Location Address: _____ **Contact person:** _____

_____ **Phone:** _____

Mailing Address: _____ **Fax:** _____

_____ **E-mail:** _____

Radiation Safety Officer: _____

Qualifications as RSO: _____

Facility type: _____

Equipment Type: _____

Manufacturer, model #, and type of x-ray equipment to be installed: _____

Digital: Yes or No (please circle) _____

Expected date of installation: _____ **Shielding Plan log # if applicable** _____

Shielding Vendor's Name, Address, Registration #, Phone #, and Contact Person:

Installation/Sales Vendor's Name, Address, Registration #, Phone #, and Contact Person:

Purpose for Request:

- New Facility
- Relocation of existing facility (Existing address and registration # _____)
- Acquisition of an existing facility (Existing facility's name, address, and registration # _____)

ENCLOSE THE FOLLOWING ITEMS WITH THIS FORM:

- Operating Procedures - This request cannot be processed without a copy of your operating procedures.
- Application Fee of \$62.50 - This request cannot be processed without this fee.
- Shielding Plan, if applicable-If shielding plan has already been accepted, put the log number here _____.
- If sending a shielding plan, include the shielding plan review fee of \$62.50.
- Operating Schedule (Mobile Facilities Only).

Signature of RSO: _____

This request cannot be processed without the signature of the RSO.

DHEC USE ONLY: Registration # _____ Check # _____ Amount \$ _____ Date approved _____ By _____