



**NORTH DAKOTA DEPARTMENT OF HEALTH
RADIATION CONTROL PROGRAM
HEALTH PHYSICS REGISTRATION**

NOTE: See instructions on reverse side. Registration does not imply approval or disapproval of this service provider nor is it a license.

COMPANY NAME _____
 ADDRESS: _____
 CITY: _____ STATE _____ ZIP CODE: _____
 PHONE NUMBER: _____

TYPE OF SERVICE:

- PERSONNEL MONITORING
- CALIBRATION
- SHIELDING EVALUATION
- DIAGNOSTIC PHYSIC
- THERAPEUTIC PHYSIC

North Dakota Radiological Health Rules - Chapter 33-10-02, "Registration of Radiation Machine Facilities and Services," provides for the registration of persons providing radiation machine installation, servicing or service.

I (We) have reviewed Chapter 33-10-02 relating to our type of services. By submitting this registration, I (We) agree to comply with the provisions of the North Dakota Radiological Health Rules.

NAME: _____

SIGNATURE: _____ DATE: _____

Please check if requesting a copy of the North Dakota Radiological Health Rules and include a \$20.00 fee.

REGISTRATION CERTIFIED
NORTH DAKOTA DEPARTMENT OF HEALTH

Registration Number: _____

Division Director *Tony O'Chai*

By (James Lawson/ Warren Freier/ Dan Harman)

INSTRUCTIONS FOR COMPLETING REGISTRATION FORM

| <u>ITEM</u> | <u>INSTRUCTIONS</u> |
|------------------------|--|
| Company Name | Print/type name of the company or responsible party applying for registration. |
| Address/City/State/Zip | Give complete address of company/individual requesting registration. |
| Phone Number | Include area code for daytime company telephone number to contact regarding Department communications. |
| Type of Service | Darken all boxes appropriate to the services the company may provide and/or is qualified to provide. |
| Name/Position | Print/type the name of the contact person and the position within the company. |
| Signature/Date | Contact person to sign and date. |

Note: Place an "X" in the box at the bottom of the page and include a \$20.00 fee if you wish to receive a copy of the North Dakota Radiological Health Rules.

SCHEDULE OF FEES FOR REGISTRATION CERTIFICATION

| <u>TYPE OF SERVICE</u> | <u>ANNUAL SERVICE FEES (IN DOLLARS)</u> |
|--|---|
| X-ray Service and Installers | 350 |
| X-ray Sales and Demonstrations | 350 |
| Combined Sales and Service (Assemblers | 460 |
| Radiation Training Course | 230 |
| Health Physics Registration | 230 |