

INSTRUCTIONS FOR COMPLETING REGISTRATION FORM

ITEM	INSTRUCTIONS
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	Check 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.
Mail To	Radiation Control Program North Dakota Department of Health 918 E. Divide Ave, 2nd Floor Bismarck, ND 58501

SCHEDULE OF FEES FOR REGISTRATION CERTIFICATION

TYPE OF SERVICE	ANNUAL SERVICE FEES (IN DOLLARS)
X-ray Service and Installers	530
X-ray Sales and Demonstrations	530
Combined Sales and Service	700
