



**ND DEPARTMENT OF ENVIRONMENTAL QUALITY  
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 PHYSICS ☐


THERAPEUTIC PHYSICS ☐

North Dakota Radiological Health Rules - Chapter 33.1-10-02, "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 33.1-10-02 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: \_\_\_\_\_

REGISTRATION CERTIFIED ND DEPARTMENT OF ENVIRONMENTAL QUALITY	
Registration Number: _____	
Program Manager	
By _____	

## 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

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.

Mail To

Radiation Control Program  
ND Department of Environmental Quality  
4201 Normandy Street, 2ndFloor  
Bismarck, ND 58503-1324

---

---

## SCHEDULE OF FEES FOR REGISTRATION CERTIFICATION

---

---

---

---

---

---

---

---

---