

## **RADIATION MACHINE REGISTRATION**

## DEPARTMENT OF ENVIRONMENTAL QUALITY RADIATION CONTROL PROGRAM

SFN 8428 (4-2023)

Note: See instructions on reverse side. Registration does not imply approval or disapproval of this facility, nor is it a license.

1a. Facility na	me							DO NOT WRITE	IN THIS S	PACE - FC	R OFFICE US	E ONL	1	
1b. Mailing ad	dress						REGISTRATION CERTIFIED NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUA				VI IIV			
1c. Physical a	ddress						Regist	tration Number:	DEI ARTIV	ILIVI OI L	TVIITOINILITI	AL QUA	\LIII	
City\state\zi	0													
Contact\affil	iation													
Phone:							Manag	ger:						
1d. RSO								Ll.	,	l	1,			
1e. Owner									aid.		Ludy			
							Submi	itted By:						
2. Is/are radia	ation machine(s) co-owned? Ye	s/No (circle o	one). If yes	s , list co-own	ers.									
Co-owner A:		Co-owner B:												
3. Type of Fa	cility:													
	_													
4. Listing of	Radiation Machine(s) - Owned o	r Co-Owned												
Mach ID	Manufacturer	kV	mA	Control Serial number		Room Name or Number		# of tubes	Mach type	Fee	Fee Storage		je	
*														
To the best of my knowledge, the above information is complete, true and correct.    Name (Type or Print)   Title:							Total:							
Name (Type or Print)														
Signature:				Date:										

## INSTRUCTIONS FOR COMPLETING REGISTRATION FORM

ITEM NUMBER

**INSTRUCTIONS** 

1a. Name of facility where machines are located. Print name of the facility or business where the radiation machine(s) are located. 1b. Mailing address. List address where correspondence should be sent, if different than 1c. 1c. Physical location/address of radiation producing machine(s). List address of facility housing the radiation machine(s). 1d. Person responsible for radiation safety. List name and title of the person responsible for radiation safety of the facility. 1e. Owner of radiation machines. Print name of the person(s) who own(s) the radiation machine(s) or those legally responsible for the location of said machine(s). 2. Are these radiation sources co-owned? List name(s) of all who have shares of ownership in these radiation machine(s). Verify appropriateness of selection: Medical, Dental, Podiatry, Chiropractic. 3. Type of practice or use. Osteopathy, Veterinary, Education, Research, Industrial. Verify appropriteness of selection: Private Office, Hospital, Clinic, Mobile, 4. Type of facility Educational Institution, Industrial. Machine ID- letter assigned by the Department during registration. 5. Listing of radiation machine(s) owned or co-owned. Manufacturer - Manufacturer of console of radiation machine. kV - highest kilovolt setting of machine. mA - highest milli-Ampere station of machine. Serial Number - serial number listed on machine control. Room - room name or number where machine is located. # of tubes- number of x-ray tubes controlled by this console. Machine Type - See Fee schedule below.

Date and Sign form. Payment should be made to Department of Environmental Quality.

Mail To:

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

## SCHEDULE OF FEES FOR REGISTRATION CERTIFICATE AND INSTRUCTIONS

Applications for registration of radiation machines and other regulatory services shall pay the following fees for each machine that they possess and use at their facilities. The fees cover a three year registration period, the renewal fee is the amount listed. All educational applications should add an E to the machine type to indicate research/education.

Registration Category M	Machine Type	Fee for each Machine	Registration Category	Machine Type	Fee for each Machin	ne
DentistryIO,	C, CP, P,CI	\$230	Chiropra	actic	. RC	\$320
Medical			Podiatry	y	RP	\$260
- RadiographicR,RM,M,	MV,CT,BD,MS,	RV\$350	Veterina	aryR	RMV,RSV	\$230
- FluoroscopicFS,	FM	\$530				
- Combined Radiographic/	FluoroscopicI	RF\$700	Industria	alB,DF,EB,EM,	ES,FL,IF,MP,RI,W,W	C\$850
- Theraputic: Linear Accele	erator (<10MEV)	)\$530				
- Theraputic: Linear Accele	erator (>10MEV)	)\$850	Accelera	ators (Industrial E	Research)Al	\$530
- Superficial X-rayTS.		\$260	Education	on/Research"E"	extention on type	\$530