## **APPLICATION FOR REGISTRATION OF X-RAY SERVICES**

I. <u>/</u>	. <u>APPLICANT INFORMATION</u>				
٢	ME OF COMPANY OR INDIVIDUAL:				
Ν	MAILING ADDRESS:	ING ADDRESS:			
(	CITY:				
		STATE: ZIP C		DDE:	
٦	ELEPHONE:	FAX:			
E	E-MAIL:				
2	GENERAL INFORMATION FOR SERVICES OR SERVICING PROVIDED (Check all appropriate boxes)				
	Machine assembly, Removal, Lease	□ Sales or Demo	nstration	☐ Machine Loan or Repair	
	☐ Film Processing/Supplies	Personnel Dos Services	simetry	$\Box$ Survey Instrument Calibration	
	☐ Radioactive Source Services	<ul> <li>Radiation Mac Evaluation (&lt;1 Diagnostic En</li> </ul>	MeV)	☐ Therapy Machine Evaluation (Orthovoltage and ≥ 1 MeV)	
	Other (List)				

## 3. APPLICANT CERTIFICATION

By signing this application, I affirm that I have read and understand the requirements of MRRP, Part F. I understand that, among other applicable provisions of these regulations,

- a. The filing of a radiation machine assembly report with the Maine Radiation Control Program is not a substitute for filing a federal (FDA 2579) form or in lieu of other notifications for the location of the installation or removal of a machine;
- b. Notification is required in writing within 10 days after any change which renders the information on this application no longer accurate, except upon application for renewal which must be made two weeks prior to expiration three years from the date of registration; and
- c. No individual will perform services or servicing which are not specifically stated above on the notification of registration; and
- d. No person shall make, sell, lease, transfer, lend or install x-ray equipment or radioactive material sources or auxiliaries and supplies necessary for the safe operation of such equipment unless such supplies and equipment, when placed in operation and use, will meet the requirements of the State of Maine Rules Relating to Radiation Protection. Penalties may be assessed for failure to comply with the above regulations may result in modification, suspension or cancellation or registration and/or the imposition of substantial fines.

AUTHORIZED SIGNATURE:

DATE:

Mail/Fax Forms to:

X-Ray / Mammography Section Maine Radiation Control Program 11 State House Station 286 Water Street – 4<sup>th</sup> Floor Augusta, Maine 04333-0011 Fax: 207 287-3059

Questions ? Call 207-287-5676 or email radiation.dhhs@maine.gov