Radiation Producing Machine
Registration Form

NAME OF FACILITY | PREVIOUS REGISTRATION NO. | TELEPHONE | FAX NO.

STREET ADDRESS | CITY | STATE | ZIP CODE

ADDRESS WHERE MACHINE WILL BE USED (IF DIFFERENT) | CITY | STATE | ZIP CODE

Was this machine stored? ☐ Yes ☐No Will the machine be used statewide? ☐ Yes ☐ No

NAME OF PERSON RESPONSIBLE FOR RADIATION SAFETY | TITLE | E-MAIL ADDRESS

Is this a licensed Academic Institution? ☐ Yes ☐ No

Have all involved personnel received training in safe injection practices? ☐ Yes ☐ No

MACHINE INFORMATION (ONE MACHINE PER APPLICATION)

MANUFACTURER | MODEL NUMBER | CONTROL PANEL SERIAL NUMBER | # OF TUBES

HUMAN MEDICAL RADIATION PRODUCING MACHINE

- ☐ Stereotactic
- ☐ Radiographic - stationary
- ☐ Radiographic - mobile and portable
- ☐ Combination radiographic and fluoroscopic
- ☐ C-arm - fixed
- ☐ Cabinet Biopsy Machine
- ☐ DEXA - bone density
- ☐ C-arm - mobile
- ☐ Other: _____

CT- ALL COMPUTED TOMOGRAPHY (INCLUDING, BUT NOT LIMITED TO: WHOLE BODY, EXTREMITIES, HEAD, FACE AND NECK)

- ☐ CT

HUMAN DENTAL RADIATION PRODUCING MACHINE

- ☐ Panoramic
- ☐ Cephalometric
- ☐ Handheld
- ☐ Intraoral
- ☐ Other: _____

ACCELERATOR (MEDICAL / NON-MEDICAL)

- ☐ Therapy ☐ Particle - Maximum Potential MeV*: _____

**If the maximum operating output is more than 8 MeV, please contact us for assistance.*

NON-HUMAN / NON-MEDICAL

- ☐ Industrial security/baggage
- ☐ Industrial cabinet
- ☐ Industrial radiography (fixed port)
- ☐ Industrial fluoroscopic
- ☐ Analytical diffraction apparatus
- ☐ Electron Microscope
- ☐ Academic
- ☐ Other: _____

VETERINARY MEDICAL

- ☐ Radiographic fixed
- ☐ Radiographic mobile
- ☐ Radiographic Portable
- ☐ Handheld
- ☐ Dental (fixed/mobile)
- ☐ Fluoroscopic (fixed/mobile)

Submit items below with this application:

☐ Enclose the fee, check payable to **NEVADA STATE HEALTH DIVISION.** $ _____ AMOUNT ENCLOSED

☐ (RADIATION PRODUCING MACHINES NAC 459.161 & MAMMOGRAPHY FEES NAC 457.295)

☐ Enclose a copy of the State or local government business license.

To the best of my knowledge and belief, all information contained herein is true and correct.

Applications that have SATISFIED ALL REQUIREMENTS may take up to two weeks for processing.

ADMINISTRATOR'S SIGNATURE | PRINTED NAME | TITLE | DATE

Form must be signed or no action will be taken.

FOR OFFICIAL USE ONLY

REGISTRATION NUMBER | DATE PROCESSED | EXPIRATION DATE | INITIALS

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