Radiation Producing Machine

Registration Form

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

STREET ADDRESS | CITY | STATE | ZIP

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

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 No. | CONTROL PANEL SERIAL NUMBER | # OF TUBES

HUMAN MEDICAL RADIATION PRODUCING MACHINE		
☐ Stereotactic	☐ Radiographic – Stationary	☐ Radiographic – Mobile and Portable
☐ Combination Radiographic & 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 required items below with this application for processing:

☐ **Enclose a copy of the State or local government Business License**

☐ **Enclose the fee, check payable to STATE OF NEVADA – RADIATION CONTROL PROGRAM**

☐ **RADIATION PRODUCING MACHINES FEES NAC 459.161 & MAMMOGRAPHY FEES NAC 457.295**

Amount Enclosed: $_____

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

ADMINISTRATOR'S SIGNATURE | PRINTED NAME | TITLE | DATE

Form must be signed or no action will be taken. Applications that have SATISFIED ALL REQUIREMENTS may take up to two weeks to process.

FOR OFFICIAL USE ONLY

REGISTRATION NUMBER | DATE PROCESSED | EXPIRATION DATE | INITIALS

Nevada State Division of Public and Behavioral Health

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