



# Radiation Producing Machine



## Registration Form

For more information go to [http://dpbh.nv.gov/Reg/RPM/Radiation\\_Producing\\_Machines\\_-\\_Home/](http://dpbh.nv.gov/Reg/RPM/Radiation_Producing_Machines_-_Home/)

NAME OF FACILITY	PREVIOUS REGISTRATION No.	TELEPHONE	FAX No.
STREET ADDRESS		CITY	STATE
ADDRESS WHERE MACHINE WILL BE USED (IF DIFFERENT)		CITY	STATE
WAS THIS MACHINE STORED? <input type="checkbox"/> YES <input type="checkbox"/> NO      WILL THE MACHINE BE USED STATEWIDE? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THE MACHINE INSTALLED AND/OR OPERATIONAL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF PERSON RESPONSIBLE FOR RADIATION SAFETY		TITLE	E-MAIL ADDRESS
IS THIS A LICENSED ACADEMIC INSTITUTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE ALL INVOLVED PERSONNEL RECEIVED TRAINING IN SAFE INJECTION PRACTICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MACHINE INFORMATION (ONE MACHINE PER APPLICATION)			
MANUFACTURER	MODEL No.	CONTROL PANEL SERIAL NUMBER	# OF TUBES
HUMAN MEDICAL RADIATION PRODUCING MACHINE			
<input type="checkbox"/> Stereotactic	<input type="checkbox"/> Radiographic – Stationary	<input type="checkbox"/> Radiographic – Mobile and Portable	
<input type="checkbox"/> Combination Radiographic & Fluoroscopic	<input type="checkbox"/> C-arm – fixed	<input type="checkbox"/> Cabinet Biopsy Machine	
<input type="checkbox"/> DEXA – Bone Density	<input type="checkbox"/> C-arm - Mobile	<input type="checkbox"/> Other: _____	
CT – ALL COMPUTED TOMOGRAPHY (INCLUDING BUT NOT LIMITED TO: WHOLE BODY, EXTREMITIES, HEAD, FACE AND NECK)			
<input type="checkbox"/> CT			
HUMAN DENTAL RADIATION PRODUCING MACHINE			
<input type="checkbox"/> Panoramic	<input type="checkbox"/> Cephalometric	<input type="checkbox"/> Handheld	
<input type="checkbox"/> Intraoral	<input type="checkbox"/> Other: _____		
ACCELERATOR (MEDICAL/NON-MEDICAL)			
<input type="checkbox"/> Therapy <input type="checkbox"/> Particle	Maximum Potential MeV*		
<i>*If the maximum operating output is more than 8 MeV, please contact us for assistance</i>			
NON-HUMAN / NON-MEDICAL			
<input type="checkbox"/> Industrial Security/Baggage	<input type="checkbox"/> Industrial Cabinet	<input type="checkbox"/> Industrial Radiography (fixed port)	
<input type="checkbox"/> Industrial Fluoroscopic	<input type="checkbox"/> Analytical Diffraction Apparatus	<input type="checkbox"/> Electron Microscope	
<input type="checkbox"/> Academic	<input type="checkbox"/> Other: _____		
VETERINARY MEDICAL			
<input type="checkbox"/> Radiographic Fixed	<input type="checkbox"/> Radiographic Mobile	<input type="checkbox"/> Radiographic Portable	
<input type="checkbox"/> Handheld	<input type="checkbox"/> Dental (Fixed/Mobile)	<input type="checkbox"/> Fluoroscopic (Fixed/Mobile)	
<b>Submit required items below with this application for processing:</b> <input type="checkbox"/> Enclose a copy of the State or local government Business License <input type="checkbox"/> Enclose the nonrefundable fee, check payable to STATE OF NEVADA – RADIATION CONTROL PROGRAM <input type="checkbox"/> RADIATION PRODUCING MACHINES FEES NAC 459.161 & ELECTRONIC BRACHYTHERAPY devices NAC 459.5931			
			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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## **Radiation Producing Machines Fee Schedule**

Fees listed below are **per tube or electron source**.

Fees are due annually before the expiration date.

If fee is postmarked after expiration date, there is an additional \$56.00 fee for late payment per registration per year. (NAC 459.161.3. (b) (3))

**NAC 459.5931 Electronic brachytherapy devices:** A registrant shall pay an annual fee for the registration and inspection of an electronic brachytherapy device in the amount of \$4,400.

+	Electronic Brachytherapy devices	\$4400.00
(a)	Medical Use, other than mammography	\$500.00
(b)	Veterinary Use	150.00
(c)	Human Dental use	140.00
(d)	Industrial use	200.00
(e)	Academic use	150.00
(f)	Accelerator	550.00
(g)	Installation/Service Company	140.00
(h)	Late Fee (per year, per registration)	56.00