Radiation Control Program

Radiation Producing Machine Storage Request Form

Failure to fill out this form completely and accurately may result in the denial of the storage request, and the registrant will be responsible for the continued registration of the machine and all applicable registration fees. Disclosure is required by NAC 459.030. The machine must be disconnected from power, and de-installed by a certified installer or service company before the Radiation Control Program can honor this request. **A copy of the completed invoice from a certified installation or service company documenting a machine physical location change, de-installation, disassembly *or* service of the machine is required.**

REGISTRANT (AS IT APPEARS ON CERTIFICATE) _____ NEVADA REG. NO. _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ FAX NUMBER _____ E-MAIL ADDRESS _____

MACHINE INFORMATION

MANUFACTURER _____ MODEL NUMBER _____ CONTROL PANEL SERIAL NUMBER _____

☐ PUT IN STORAGE:

DATE PUT IN STORAGE _____ REASON PUT IN STORAGE (BOUGHT NEW MACHINE, UNIT BROKEN ETC.) _____

STORAGE PHYSICAL LOCATION _____ RESPONSIBLE PARTY TO CONTACT _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ FAX NUMBER _____ E-MAIL ADDRESS _____

ADDITIONAL COMMENTS:_____

By completing and signing this document, you certify that the above referenced radiation producing machine is not currently in operation or use, and the machine is safely stored with no supplied power. While this machine is not in operation and you, the registrant, are not obligated to maintain an active registration, you still hold responsibility and ownership of the machine. If the owner or operational status of the machine changes, you are required to notify the State of Nevada and register the machine within 30 days of installation.[2]

****I have enclosed a copy of the service invoice, de-installation report, or statement from the certified installer who performed/is performing work on this machine. Invoice must include serial number.****

☐ **I acknowledge that if the operational status of the above referenced machine cannot be verified through this form and supporting documents, a representative of the Radiation Control Program may perform a visual verification inspection of the machine.**

The undersigned, on behalf of the registrant, hereby requests that the registration be terminated and moved to a 'stored' state for the above-referenced ionizing radiation machine.

ADMINISTRATOR'S SIGNATURE _____ NAME _____ TITLE _____ DATE _____

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