

Radiation Producing Machine Registration for Service Providers

A person who seeks to engage in the business of installing radiation machines, furnishing services, or repairing radiation machines in this State must register as a service provider. This includes field service engineers, installers, persons who lease, maintain, repair, or provide other services involving the operation of Radiation Producing Machines (RPM). Medical physicists who test, calibrate, or service RPM, including mammography machines, must also register as a service provider using the RPM Service Provider Application for Medical Physicists.

- Individual
- Business

Individual responsible for maintaining the registration:

Name: _____ Email: _____

Individual or Business Name of Service Provider(s): _____

Phone number: _____ Email: _____

Address: _____

If a Service Provider provides an electronic brachytherapy system, NAC 459.581 applies. NAC459.581 can be accessed at:

<https://www.leg.state.nv.us/Division/Legal/LawLibrary/NAC/NAC-459.html#NAC459Sec150>.

Required Information:

Nevada Secretary of State Business License: _____

Describe the types of services and/or work that will be performed:

Describe the Education, Training, and Experience, including certifications or degrees for each employee, that demonstrates they are qualified to perform the services and work listed above. You may attach other pages to this application. Business can describe their training program or requirements and then provide a list of trained employees covered under the registration.

NOTICE:

Please add any additional employees on a separate sheet.

If any of the above information changes, the applicant must notify the Radiation Control Program by entering the updated information into their CLICS account or by email to: radiationcontrolprogram@health.nv.gov.

NOTICE:

Additional information will be required at inspection for anyone providing services (of any type) on Mammography Quality Standards Act (MQSA) mammography machines.

The undersigned hereby certifies that the information stated above is correct.

Name	Title
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Signature	Date
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