

APPLICATION FOR REGISTRATION OF X-RAY FACILITIES

For Office Use Only	County
	Facility ID

Completion of this form is required. Failure to do so may result in a forfeiture of not less than \$10.00 or more than \$500.00. Registration does not imply approval of installation.

Note: Multiple x-ray devices at a single location under the control of one person may be considered a single registration, and only one registration fee is required. However, if the devices are located at separate addresses, it will be necessary to consider each location as a separate registration, and an additional fee is required for each location. **All permits expire on December 31st regardless of the issue date.**

Name of Business	Name Parent Organization
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Address (Street, City, State and Zip Code)

Mailing Address (if different than street address)

Phone Number	Business Email Address
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Name of Person Responsible for Radiation Safety	Title
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Phone Number	Email Address
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TYPE OF APPLICATION

- Medical
 Dental
 Hospital
 Chiropractor
 Veterinary
 Osteopath
 Podiatrist
 Industrial
 Other:

List number of x-ray units. In "Use" column show "R" for radiographic, "F" for fluoroscopic; "T" for therapeutic and "O" for other. If "Other", please explain. If more space is needed, please attach a separate sheet.

Max kVP	Max mA	Model Name	Serial No.	Room No.	Manufacturer's Name	Year Installed	Use

SIGNATURE – Person Responsible for Radiation Safety	Date signed (mm/dd/yyyy)
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The registration fee is based on the facility type and the number of x-ray tubes. Make check payable to the Department of Health Services and submit with this application. Contact the Radiation Protection Section at 608-267-4782 for the correct fee or link to the website at www.dhs.wisconsin.gov/radiation/xray/index.htm

Mail completed signed original form to:
 WI DEPT OF HEALTH SERVICES RADIATION
 PROTECTION RM 150 PO BOX 2659
 MADISON WI 53701-2659