



**RADIATION-PRODUCING EQUIPMENT REGISTRATION and DISPOSAL FORM**  
**(one form per individual piece of equipment) TRANSFER**

**Personal Information (Registered User)**

<b>Last Name</b>	<b>First Name</b>		<b>Middle Initial</b>
<b>Facility Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>E-mail Address</b>	<b>Telephone Number</b>		

**Location of Radiation Producing Equipment**

<b>Department</b>	<b>Building</b>	<b>Room Number</b>	<b>Telephone Number</b>
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**Radiation Producing Equipment Information**

<b>Equipment Category:</b>	<input type="checkbox"/> New Facility <input type="checkbox"/> New Purchase <input type="checkbox"/> Relocation <input type="checkbox"/> Upgrade <input type="checkbox"/> Transfer <input type="checkbox"/> Sale <input type="checkbox"/> Disposal, PO No. for disposal _____		
<b>Equipment type:</b>	<input type="checkbox"/> X-ray <input type="checkbox"/> Fluoroscope <input type="checkbox"/> Irradiator <input type="checkbox"/> Other _____		
<b>If X-ray, Indicate Practice:</b>	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Veterinary <input type="checkbox"/> Research <input type="checkbox"/> Education <input type="checkbox"/> Industrial <input type="checkbox"/> Institution <input type="checkbox"/> Other _____		
<b>Facility Category:</b>	<input type="checkbox"/> Clinic <input type="checkbox"/> Research Laboratory <input type="checkbox"/> Mobile <input type="checkbox"/> Industrial <input type="checkbox"/> Education <input type="checkbox"/> Institutional <input type="checkbox"/> Other _____		
<b>If Mobile:</b>	Van or Trailer ID: _____ State: _____ License Tag No.: _____ Year: _____		
<b>Equipment Brand :</b>			
<b>Model Number:</b>			
<b>Serial Number:</b>			
<b>If equipment contains a Sealed Source, list:</b>	Radioisotope _____ Radioactivity _____ Sealed Source Serial Number _____		
<b>Alternate Contact:</b>		<b>Telephone:</b>	

<b>Signature of Registered User</b>		<b>Date</b>	
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