



**NORTH DAKOTA DEPARTMENT OF HEALTH  
RADIATION CONTROL PROGRAM  
HEALTH PHYSICS REGISTRATION**

NOTE: See instructions on reverse side. Registration does not imply approval or disapproval of this service provider nor is it a license.

COMPANY NAME \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_

TYPE OF SERVICE:

- PERSONNEL MONITORING
- CALIBRATION
- SHIELDING EVALUATION
- DIAGNOSTIC PHYSIC
- THERAPEUTIC PHYSIC

North Dakota Radiological Health Rules - Chapter 33-10-02, "Registration of Radiation Machine Facilities and Services," provides for the registration of persons providing radiation machine installation, servicing or service.

I (We) have reviewed Chapter 33-10-02 relating to our type of services. By submitting this registration, I (We) agree to comply with the provisions of the North Dakota Radiological Health Rules.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please check if requesting a copy of the North Dakota Radiological Health Rules and include a \$20.00 fee.

REGISTRATION CERTIFIED  
NORTH DAKOTA DEPARTMENT OF HEALTH

Registration Number: \_\_\_\_\_

Division Director *Tony O'Chai*

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By (James Lawson/ Warren Freier/ Dan Harman)

## INSTRUCTIONS FOR COMPLETING REGISTRATION FORM

<u>ITEM</u>	<u>INSTRUCTIONS</u>
Company Name	Print/type name of the company or responsible party applying for registration.
Address/City/State/Zip	Give complete address of company/individual requesting registration.
Phone Number	Include area code for daytime company telephone number to contact regarding Department communications.
Type of Service	Darken all boxes appropriate to the services the company may provide and/or is qualified to provide.
Name/Position	Print/type the name of the contact person and the position within the company.
Signature/Date	Contact person to sign and date.

Note: Place an "X" in the box at the bottom of the page and include a \$20.00 fee if you wish to receive a copy of the North Dakota Radiological Health Rules.

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## SCHEDULE OF FEES FOR REGISTRATION CERTIFICATION

<u>TYPE OF SERVICE</u>	<u>ANNUAL SERVICE FEES (IN DOLLARS)</u>
X-ray Service and Installers	300
X-ray Sales and Demonstrations	300
Combined Sales and Service (Assemblers	400
Radiation Training Course	200
Health Physics Registration	200