



REGISTRATION - RADIATION MACHINES
 NORTH DAKOTA DEPARTMENT OF HEALTH
 AIR QUALITY
 SFN 7590 (RCP-5)(01-16)

DEPARTMENT USE ONLY	
Number	
Director, Air Quality	
By	
Number	

Application For Radiation Machine Reciprocity Privileges

Company Name			
Street Address	City	State	Zip Code
Name of Person in Charge	Title		
Type of Use <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Industrial <input type="checkbox"/> Other (Specify):			

33-10-02-11, "Out of state radiation machines."

Whenever any radiation machine is to be brought into the state, for any temporary* use, the person proposing to bring such machine into the state shall give written notice to the Department at least three days before such machine is to be used in the state. The notice shall include the type of radiation machine; the nature, duration, and scope of use, the location where the radiation machine is to be used, the names and addresses where the machine users can be reached while in the state, and submit the specified annual fee of \$530.00 per machine (33-10-11 Appendix B).

MANUFACTURER	RATED •		CONSOLE MODEL NUMBER	SERIAL NUMBER	NUMBER OF TUBES	ROOM NO. LOCATION	TYPE OF USE
	kvp	mA					

To the best of my knowledge, the above information is true and correct.

Name (type or print)	Title
Signature	Date

*Note: Routine use; each day-week-month-list the facility and frequency below.