

Ownership Information: Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Name: _____ DBA: _____
---	-------------------------------

INDUSTRIAL RADIOGRAPHY X-RAY SYSTEMS INFORMATION: Provide the requested information for each industrial radiography X-ray system owned or possessed by the facility.

Unit #*	Manufacturer	Model	# of Tubes	Location*

*Industrial radiography x-ray systems located in permanent radiographic installations also require submission of a shielding evaluation and documentation of compliance with Section E.2.16 of the *Rules and Regulations for the Control of Radiation [R23-1.3-RAD]* for each location/unit. **[Continue on plain 8½" by 11" paper if necessary.]**

RADIATION SAFETY PROGRAM:

Provide a copy of the facility's **Operating and Emergency Procedures** for radiography using radiation machines. Describe the method, frequency & standards used in calibrating the industrial radiography X-ray system(s) identified above.

OPERATING PERSONNEL:

Identify all individuals who will be authorized to operate the industrial radiography X-ray system(s). Provide documentation of compliance with Section E.2.12 of the *Rules and Regulations for the Control of Radiation [R23-1.3-RAD]* for each individual.

IDENTIFY THE DOSIMETRY SERVICE PROVIDER TO BE USED AT THE FACILITY:

FEIN Number:

(Federal Employer Identification Number)

Note: If you are a sole proprietor this number may be your Social Security Number.

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

Please provide below FEIN/SSN for this license:

F.E.I.N./SSN Number: _____

CERTIFICATION [Must be completed by applicant]:

The applicant and any official executing this certification on behalf of the applicant, certify that this application is prepared in conformity with the *Rhode Island Rules and Regulations for the Control of Radiation [R23-1.3-RAD]*, and that all information contained herein is correct to the best of their knowledge and belief.

_____	_____
(Signature)	(Type or Print Name of Certifying Official)
_____	_____
Date	Title:

OWNER/MANAGER: _____
 [If different from Certifying Official]: (Signature) _____ (Date) _____