

RHODE ISLAND RADIATION CONTROL AGENCY
APPLICATION FOR REGISTRATION OF X-RAY EQUIPMENT SERVICES

FOR AGENCY USE ONLY

Category **P X S** Reg No.

Reviewed By _____ Date _____ \$ _____
Amount Paid

INSTRUCTIONS: Subpart B.4 of the *Rules and Regulations for the Control of Radiation [R23-1.3-RAD]* contains detailed instructions for completing this application. **Send the entire completed application to: RI Department of Health, Radiological Health Program, 3 Capitol Hill - Room 306, Providence, RI 02908-5097.** You should keep a copy of your completed application and attachments, as they will be incorporated into your registration by reference. Checks should be made payable to Treasurer-State of Rhode Island.

THIS IS AN APPLICATION FOR [Check Appropriate Item]

NEW REGISTRATION AMENDMENT TO REGISTRATION #: **PXS-** _____

<p>Facility Name: Please provide the name of the facility (as known to the public) for which you are applying for this license.</p>	Name: _____
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<p>Facility Contact Person: Please provide the name and telephone number of a person we can contact concerning this facility.</p>	Name: _____ Phone Number: () _____
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<p>Facility Mailing Information: Please provide the mailing information for all communication regarding this license. (Not published on HEALTH website).</p>	Address Line 1: _____ Address Line 2: _____ Address Line 3: _____ Address City, State, Zip Code: _____ Address Country: _____ Phone: () _____ Fax: () _____ Email Address: _____
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<p>Facility Location Information: Please provide the location information for this facility. (Published on HEALTH website).</p>	Address Line 1: _____ Address Line 2: _____ Address Line 3: _____ Address City, State, Zip Code: _____ Address Country: _____ Phone: () _____ Fax: () _____ Email Address: _____
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<p>Individual Responsible for Radiation Protection:</p>	Name: _____ Phone Number: () _____ Title: _____
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<p>Ownership Type: Please check ONE</p>	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership
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Ownership Information: Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Name: _____ DBA _____
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X-RAY EQUIPMENT SERVICES REQUESTED [Check ALL Applicable Items]:

Calibration of radiation measurement equipment

Installation and/or servicing of x-ray equipment

Personnel dosimetry services

Other specialized radiation physics services and/or surveys [Specify] _____

Date Services Established:

Month Day Year

Date Services Established in Rhode Island:

Month Day Year

SUBMIT THE FOLLOWING ITEMS ON 8½" x 11" PAPER. The type and scope of information to be provided is described in Appendix B to Part B of the Rules And Regulations for the Control of Radiation [R23-1.3-RAD].

Professional Certifications Held: Please identify and provide current copies of all relevant professional certifications/licenses currently held by the applicant

Formal Training of Applicant: Provide documentation of all formal academic training, short courses and continuing education, which qualify the applicant to perform the services being requested.

Experience of Applicant: Provide documentation of on-the-job experience which qualify the applicant to perform the services being requested

FEIN Number: (Federal Employer Identification Number) Note: If you are a sole proprietor this number may be your Social Security Number.	<p>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.</p> <p>Please provide below FEIN/SSN for this license:</p> <p>F.E.I.N./SSN Number: _____</p>
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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



Rhode Island Department of Health
3 Capitol Hill, Providence RI, 02908-5097
MANDATORY ADDENDUM TO LICENSE APPLICATION
Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy.
(Case # _____)

Type of Professional/Business License for which you are applying

Full Name (Please Print or Type)

Social Security Number (or FEIN for Business)

Signature

Phone Number (including area code if not 401)

Date

Name of Business (If Applicable)

This form must be completed, signed and attached to your license application for processing.