Print Form

State of New Mexico

ENVIRONMENT DEPARTMENT

Environmental Protection Division

Marquez Building

Radiation Control Bureau

Post Office Box 5469

525 Camino de los Marquez Suite 1

Santa Fe, New Mexico 87502-5469

Telephone (505) 476-8600

Fax (505) 476-8654

SUSANA MARTINEZ
Governor

JOHN SANCHEZ
Lieutenant Governor

DAVE MARTIN
Secretary

BUTCH TONGATE
Deputy Secretary

MARY ROSE
Acting Director

REGISTRATION TO OPERATE RADIATION MACHINES FORM

INSTRUCTIONS: This application form is for the new or renewal registration of radiation machines in accordance with Part 2 of the New Mexico Radiation Protection Regulations (20.3 NMAC) (this form is not for registration of accelerators). Please complete the form by typing or writing the information, and submitting a copy to the above address by mail or FAX (keep a copy for your records). **Please use a separate form for each facility**. Use the "PRINT" button at the top of each page to print a copy of your completed form, use the Adobe Acrobat's "SAVE AS" dropdown to save a copy for your electronic records.

REGISTRANT INFORMATION

Check the Registration type (if renewal or amendment, enter the current Registration No.).

◯ New ◯ Renewal ◯ Amendment

Current Registration No.

Registrant Name

Company Name

Mail Address

Management Contact Name

City

Title

State NM

Zip Code

Telephone No.

FAX No.

Mobile No.

FACILITY & RADIATION SAFETY OFFICER (RSO) INFORMATION

Facility Name

Contact Name

Facility Type

Facility Address

City State Zip Code

Telephone No. (facility)

County

Mobile No. (RSO)

Radiation Safety Officer Name

Telephone No. (RSO)

E-mail Address

MACHINE INFORMATION [for multiple machines, please use Attachment 1 form]

Machine Type No.

Model No.

Manufacturer

Date Manufactured

Date Installed

Mode of use

Control Model No.

Control Serial No.

Tube Serial No.

Tube Serial No.

Tube Serial No.

Tube Serial No.

Maximum rated specs.

Maximum rated specs. [kVp]

MA(s)]

Intended Use

I hereby certify that the registration information above is prepared in conformity with the New Mexico Environment Department, Radiation Control Bureau Regulations, and that all information is correct to my knowledge. The device information has been verified through physical inventory and review of the device label.

Applicant Name [Print]		Date	
Applicant Name [Signature]		Date	

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ATTACHMENT 1. MULTIPLE MACHINES: REGISTRATION TO OPERATE RADIATION MACHINES

Machine Type No. _____ Model No. _____ Manufacturer _____

Date Manufactured _____ Date Installed _____ Mode of use _____

Control Model No. _____ Control Serial No. _____ Tube Serial No. _____

Tube Serial No. _____ Tube Serial No. _____ Tube Serial No. _____

Maximum rated specs. Maximum rated specs. [kVp] _____ MA(s)] _____

Intended Use _____

Machine Type No. _____ Model No. _____ Manufacturer _____

Date Manufactured _____ Date Installed _____ Mode of use _____

Control Model No. _____ Control Serial No. _____ Tube Serial No. _____

Tube Serial No. _____ Tube Serial No. _____ Tube Serial No. _____

Maximum rated specs. Maximum rated specs. [kVp] _____ MA(s)] _____

Intended Use _____

Machine Type No. _____ Model No. _____ Manufacturer _____

Date Manufactured _____ Date Installed _____ Mode of use _____

Control Model No. _____ Control Serial No. _____ Tube Serial No. _____

Tube Serial No. _____ Tube Serial No. _____ Tube Serial No. _____

Maximum rated specs. Maximum rated specs. [kVp] _____ MA(s)] _____

Intended Use _____

Machine Type No. _____ Model No. _____ Manufacturer _____

Date Manufactured _____ Date Installed _____ Mode of use _____

Control Model No. _____ Control Serial No. _____ Tube Serial No. _____

Tube Serial No. _____ Tube Serial No. _____ Tube Serial No. _____

Maximum rated specs. Maximum rated specs. [kVp] _____ MA(s)] _____

Intended Use _____