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Governor  
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NEW MEXICO  
ENVIRONMENT DEPARTMENT

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JAMES KENNEY  
Cabinet Secretary  
Danielle Gilliam  
Deputy Secretary

APPLICATION FOR REGISTERING TO PROVIDE RADIOLOGICAL SERVICES

Dear Applicant:

The New Mexico Environment Department's *Vendor Registration of Servicing and Services* procedures are in accordance with Part 2, Section 204, of the New Mexico Radiation Protection Regulations. *Certificates of Registration* are issued to qualifying applicants <http://164.64.110.134/nmac/T20C003>. Persons and organizations registered with this State are required to possess adequate credentials for their particular disciplines, and must submit this application form.

Name to appear on registration	<input type="text"/>		
Organization (If applicable)	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Country (if other than U.S.)	<input type="text"/>	Phone No.	<input type="text"/>
		FAX No.	<input type="text"/>
E-mail Address	<input type="text"/>		
Check the box for registration type (if renewal or amendment, enter the current registration No.)	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Amendment
Current Registration No.(s)	<input type="text"/>		

REQUIRED INFORMATION [check the following boxes indicating the information is attached to this application]

☐ Scope of work activities ☐ Biographical information or résumé ☐ Current certificates [COPIES ONLY]

CATEGORIES OF SERVICES [check the box for all categories and subcategories of services that will be provided]

<input type="checkbox"/> Personnel Dosimetry		
<input type="checkbox"/> External Monitoring		
<input type="checkbox"/> Radiological [Radiation Producing Equipment]		
<input type="checkbox"/> Installation and Servicing	<input type="checkbox"/> Calibration	<input type="checkbox"/> Training
<input type="checkbox"/> Qualified Expert		
<input type="checkbox"/> Medical Physics	<input type="checkbox"/> Health Physics	<input type="checkbox"/> Both
Applicant Name [Print]	<input type="text"/>	Date <input type="text"/>
Applicant Name [Signature]	<input type="text"/>	Date <input type="text"/>