



NEW MEXICO ENVIRONMENT DEPARTMENT



525 Camino de los Marquez, Suite 1B
Post Office Box 5469
Santa Fe, NM 87505-5469
Telephone (505) 476-8600 Fax (505) 476-4375
<https://www.env.nm.gov/rcb/radiation-machines/>
RCB.XRayMachines@Env.NM.Gov

REGISTRATION TO OPERATE RADIATION MACHINES FORM

INSTRUCTIONS: This application form is for new registrations of radiation machines, amendments to existing registrations, or renewals of expiring registrations 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 email address (preferred, physical address by mail, or FAX (keep a copy for your records). 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 Registration ☐ Renewal

☐ Amendment (New Machine, Address, RSO, etc.)

Current Registration No.

Registrant Name

Company Name

Mail Address

Management Contact Name

City

Title

State New Mexico

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

<u>Machine Type No.</u>	<input type="text"/>	Model No.	<input type="text"/>	Manufacturer	<input type="text"/>
Date Manufactured	<input type="text"/>	Date Installed	<input type="text"/>	Mode of use	<input type="text"/>
Control Model No.	<input type="text"/>	Control Serial No.	<input type="text"/>	Tube Serial No.	<input type="text"/>
Tube Serial No.	<input type="text"/>	Tube Serial No.	<input type="text"/>	Tube Serial No.	<input type="text"/>
Maximum rated specs.	Maximum rated specs. [kVp]	<input type="text"/>	MA(s)]	<input type="text"/>	
Intended Use	<input type="text"/>				

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Tube Serial No.	<input type="text"/>	Tube Serial No.	<input type="text"/>	Tube Serial No.	<input type="text"/>
Maximum rated specs.	Maximum rated specs. [kVp]	<input type="text"/>	MA(s)]	<input type="text"/>	
Intended Use	<input type="text"/>				

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Tube Serial No.	<input type="text"/>	Tube Serial No.	<input type="text"/>	Tube Serial No.	<input type="text"/>
Maximum rated specs.	Maximum rated specs. [kVp]	<input type="text"/>	MA(s)]	<input type="text"/>	
Intended Use	<input type="text"/>				

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Maximum rated specs.	Maximum rated specs. [kVp]	<input type="text"/>	MA(s)]	<input type="text"/>	
Intended Use	<input type="text"/>				