



**STATE OF ALABAMA
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF RADIATION CONTROL**

Registration No. _____
Date Registered _____

REGISTRATION OF RADIATION SERVICES
FOR NON-MEDICAL X-RAY EQUIPMENT

I. Registrant

Name _____
Person, Corporation, Agency, etc.

Address _____
Street

_____ City State Zip Code

II. Services

Name each person below that will perform "services" and check the appropriate "services" which that person is qualified to perform. "Services" are defined in 420-3-26-.05 of Rules of State Board of Health, Radiation Control, Alabama Administrative Code. (Use supplemental sheets of necessary)

Name	Installation	Maintenance	Radiation Surveys

III. Training and Experience

The training and experience of each person named in Item II. above will be evaluated on an individual basis for the services checked. The training and experience of each person must be submitted with this application.

IV. Radiation Detection Instruments

Type of Instruments Include make & model number	Number Available	Radiation Detected	Sensitivity Range (mR/hr)	Energy Response	Use Monitoring, Surveying, Measuring

V. Method, Frequency, and Standards Used in Calibrating Instruments Listed in Item IV.

VI. Personnel Monitoring

Describe personnel monitoring program including supplier, type, exchange frequency, etc.

VII. Certificate (This Item must be completed by the registrant)

The registrant and any official executing this certificate on behalf of the registrant named in Item I. certifies that this registration is prepared in conformity with Chapter 420-3-26, Radiation Control, Alabama Administrative Code, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

Registrant named in Item I

By: _____
Signature

Date

Printed Name and Title