



New Jersey Department of Environmental Protection
 Bureau of X-ray Compliance, PO Box 420, Mail Code 25-01,
 Trenton, NJ 08625-0420
 Phone:(609)984-5463 Fax: (609) 984-5811
www.xray.nj.gov

Check One:

- Register 1st x-ray machine in facility
- Register 2nd x-ray machine, 3rd x-ray machine, etc
- Change information on current registration.

 Facility Number

 Registration Number

RADIATION-PRODUCING MACHINE REGISTRATION APPLICATION

NOTE: Replacing an x-ray machine requires a new registration form. Replacement of existing unit with new unit is **NOT** an update.

FACILITY NAME & ADDRESS (Print or type only)

Full Business Name _____

Business Type (e.g. PA, LLC, Corp, Private, etc) _____ This is mandatory information.

Owner/Representative Name: _____
 First M Init. Last Title (MD, DDS, DVM, etc)

Physical Address of x-ray unit _____

 City State Zip Code + 4 digit County

Telephone _____ + _____ - _____ Fax _____ + _____ - _____
 Area Code Area Code

Bill To Address--if different from above: _____

MACHINE INFORMATION- MUST BE COMPLETED IN FULL

(A separate registration is required for each x-ray tube)

ENTER Machine Category (see machine source fee schedule for descriptions) _____

Manufacturer _____ Model Name _____

Generator Model No. _____

Generator Serial No. _____ Tube Serial No. _____

Date Acquired: _____ Max kVp: _____ Max mA _____ Max MeV _____ (if needed)

Location (Room ID, Building, Color, etc) if applicable: _____ Date Manufactured: _____

MUST CHECK ONE: Type of X-ray Processing:

- A = Automatic-film M = Manual- film CR = Computed Radiography
- DR = Digital Radiography P = Polaroid N = No film (Industrial x-ray units)

REGULATORY REQUIREMENTS:

- The New Jersey Administrative Code 7:28-3.12 requires owners of all x-ray equipment to register within 30 days of acquisition.
- NJAC 7:28 requires such owners have radiation safety surveys performed on the equipment within 60 days of acquisition. See NJAC 7: 28 for specifics. Owners are responsible for ensuring compliance with all regulations of NJAC 7:28 et seq.

DO NOT SEND CHECK WITH REGISTRATION APPLICATION. You will receive an invoice when registration is completed.

 Print Name (Owner/Representative) Title

 Signature (Owner/Representative) Date

| | | |
|---------------------|---------------------|---------------------|
| Date Received _____ | For Bureau Use Only | Date Returned _____ |
|---------------------|---------------------|---------------------|