



Maine Center for Disease Control and Prevention  
 An Office of the Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services  
 Maine Center for Disease Control and Prevention  
 286 Water Street  
 # 11 State House Station  
 Augusta, Maine 04333-0011  
 Tel: (207) 287-8016  
 Fax: (207) 287-9058; TTY: 1-800-606-0215

**Annual / Initial X-Ray Registration Form**  
 (additional information at: [maineradiationcontrol.org](http://maineradiationcontrol.org))

Check here to purchase a copy of State of Maine Rules Relating to Radiation Protection (\$30) \_\_\_\_\_  
 (Rules can be viewed online at [maineradiationcontrol.org](http://maineradiationcontrol.org) - select "rules and statutes", then "new rules")

**Note: For registration fee refer to the following prorated schedule:**

Non Mammography: Before March 1 : \$40 Before May 1: \$32 Before July 1 : \$24 Before Sept 1: \$16 After Sept 1: \$8  
 Mammography: Before March 1 : \$50 Before May 1: \$40 Before July 1 : \$30 Before Sept 1: \$20 After Sept 1: \$10

Registration fees: Number of Mammography of tubes x \$50 (or pro-rated fee) sub-total: \_\_\_\_\_  
 Number of tubes (non mammo) tubes x \$40 (or pro-rated fee) sub-total: \_\_\_\_\_  
**Total :** \_\_\_\_\_

- This x-ray unit is in **addition** to those already at this facility -complete registration form   
 This x-ray unit is **replacing** an old x-ray unit at this facility-complete registration for new unit   
 This is a new facility (initial registration with state)   
 (check one)

**Radiation Shielding Assessment Number (RSA):** Your registration will not be processed without this number or a copy of the radiation shielding plan acceptance letter you received from the state for this facility. Additionally, if modifying the facility or adding one or more units to it, you must consult with your Medical Physicist to verify that the radiation shielding is still adequate. Documentation of this consultation must accompany this registration.

RSA # \_\_\_\_\_

**This Unit has Been Taken OUT of Service:**

**Make and Model:** \_\_\_\_\_ **State ID # :** \_\_\_\_\_ (please return reg. certificate)

\*\*\*\*\*

Name of Lead Physician: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Facility ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Make Check Payable to : **Treasurer of the State of Maine.**  
 Mail Forms and payment to: X-Ray Section – Maine Radiation Control Program  
 State House Station # 11  
 286 Water Street – 4<sup>th</sup> Floor Key Bank Building  
 Augusta, Maine 04333

**Questions ?** Call 207-287-5673 or 207-287-5719 or email [steven.sprenkel@maine.gov](mailto:steven.sprenkel@maine.gov)

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