



MAINE RADIATION CONTROL PROGRAM

Initial X-Ray Registration Form (not for renewal)

Unit / units to be registered to a new state facility (check box if applicable)

If Unit/Units are to be registered to a facility currently registered with the state enter Maine Facility ID:: _____

Registration fees:

Number of new units x \$60: (each unit to be registered needs an accompanying HHE-805) _____

Fee for replacement (OF CURRENTLY REGISTERED) unit or replacing lost certificate: \$30 per unit: _____

Total: _____

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 or complete and sign "Request for Variance of Radiation Shielding Plan" (form HHE-804A)

RSA # _____

(RSA # MUST be filled in unless unit is a *bone densitometer, portable or industrial cabinet type units or shielding plan is included in your registration package*)

This Unit has Been Taken OUT of Service:
Make and Model: _____ State ID # : _____ (please return registration certificate)

Name of Lead Physician/Facility Supervisor: _____

Name of Facility: _____

Facility ID#: _____

Address: _____

Phone Number: _____

Make Check Payable to : **Treasurer, State of Maine.**

Mail Forms and payment to: X-Ray / Mammography Section
Maine Radiation Control Program
11 State House Station
286 Water Street – 4th Floor
Augusta, Maine 04333-0011

Questions ? Call 207-287-5676 or email radiation.dhhs@maine.gov