

Office of Health Assurance and Licensing

Application for Registration of Radiation-Generating Equipment

Electronically submitted applications can be processed within 2-3 business days at <http://www.odh.ohio.gov/odhPrograms/rp/registration/app.aspx>

For Registration Staff use only

- IRS 147C letter attached
- Check or money order attached

If unable to apply electronically at the web address above, the following three items must be submitted;

- a signed, completed three-page Application (form HEA 5104 11/2015)
- an IRS 147C Tax Identification Verification letter and
- a non-refundable check or money order for the amount of two hundred sixty two dollars (\$262.00) shall be made payable and sent to:

**Treasurer, State of Ohio, Ohio Department of Health,
Attn: Revenue Processing Section, PO Box 15278, Columbus, OH 43215-0278
246 N. High St. Columbus, Ohio 43215**

If you have questions or need assistance in completing this form, call 614-995-4727

IRS 147C or SS-4 Tax Identification Verification Letter

To obtain your tax number verification letter, call IRS at 1-800-829-4933 or 1-800-829-0115 and request your "Tax Identification Verification Letter" and have the IRS fax the letter to you. This process should take 2-3 minutes (A W-9 will not be accepted.)

At least **30 days prior to handling the equipment**, submit a completed application and a non-refundable required payment. Each separate address location with Radiation Generating Equipment (RGE) must submit a completed application.

If adding additional equipment to a current registration, then process your amendment via your online account, no fees due. A new application is not required for an address already registered with ODH.

Registrations are not transferrable. If this is an ownership change, the new owner must submit a new application with \$262.00 fee. A Termination form HEA5508 is required to terminate the previous owner's record.

Please type or print clearly

Registrant or Facility name— *The official name on the 147C letter is the "Registrant name" to be entered on the application.*

Registrant name (Must match Federal Tax ID on record with IRS)
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Applicant category— *Select only one*

1. <input type="checkbox"/> Chiropractic Office	7. <input type="checkbox"/> Registered Hospital	13. <input type="checkbox"/> Corporate Office	18. <input type="checkbox"/> Engineer / Contractor/ Temporary Job Site
2. <input type="checkbox"/> Dental Office	8. <input type="checkbox"/> Non-Registered Hospital	14. <input type="checkbox"/> Manufacturer	19. <input type="checkbox"/> Transportation Company
3. <input type="checkbox"/> Physicians Office	9. <input type="checkbox"/> Educational Institution	15. <input type="checkbox"/> Laboratory / Testing / R&D	20. <input type="checkbox"/> Other _____
4. <input type="checkbox"/> Podiatry Office	10. <input type="checkbox"/> Clinic / Imaging Center	16. <input type="checkbox"/> Correctional Facility	21. <input type="checkbox"/> RGE Manufacturer
5. <input type="checkbox"/> Veterinary Office	11. <input type="checkbox"/> Government Agency	17. <input type="checkbox"/> Public Utility	22. <input type="checkbox"/> Recycling/Scrap/Waste
6. <input type="checkbox"/> Mobile Health Care Serv.	12. <input type="checkbox"/> Assembler / Maintainer		

Federal Tax ID number— *The Tax ID# on the 147C letter is the tax number to be entered on the application.*

(If no federal tax ID number, contact Bureau. DO NOT use social security number.)

Federal Tax ID (FTI) <i>Must be included.</i>



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Individual Responsible for Radiation Protection

Name	Email
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Address:

Mailing Address *Letters*

Phone	Ext	Fax
Mailing name or DBA name		
Street address		
City	State	Zip
County		

Billing Address *Invoices*

Same as mailing address

Phone	Ext	Fax
Mailing name or DBA name		
Street address		
City	State	Zip
County		

X-Ray source location *Current address where radiation-generating equipment is located*

Same as mailing address

Same as billing address

Phone	Ext	Fax
Mailing name or DBA name		
Street address		
City	State	Zip
County		

Additional information *(Optional)*

Please note the requirements of Ohio Administrative Code 3701:01-38-03(C) Every facility that proposes to handle radiation-generating equipment for which registration is required shall apply for a registration at least **thirty days** prior to handling the equipment. Registration or renewal thereof shall be in accordance with this rule; and Ohio Administrative Code 3701:01-38-03 (G) Registrations shall be renewed in accordance with the standard renewal procedure established in Chapter 4745 of the Ohio Revised Code. The registrant shall apply for renewal at least **thirty days** prior to the expiration of the registration every two years thereafter.



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Radiation Sources (List total number of x-ray tubes you handle at this location)

	Number Operable	Number Inoperable		Number Operable	Number Inoperable
Medical			Veterinary		
M1 Radiographic (Stationary)	()	()	V1 Radiographic (Stationary)	()	()
M2 Radiographic (Mobile)	()	()	V2 Dental	()	()
M3 Bone Densitometry	()	()	V3 C.T. (Computerized Tomography)	()	()
M4 C.T. (Computerized Tomography)	()	()	V4 Fluoroscopic	()	()
M5 Mammography	()	()	V5 Therapy Operates at 1 MV and above (Linear Accelerator)	()	()
M6 Stereotactic Biopsy	()	()	V6 Radiographic (Mobile)	()	()
M7 Fluoroscopic: Under Table	()	()	V7 Hand-held Veterinary	()	()
M8 Fluoroscopic: Above Table	()	()	V8 Micro C.T. Veterinary	()	()
M9 Fluoroscopic: C-Arm (Stationary)	()	()	V9 Integrated kVp-Rad/CT/Fluoroscopy (OBI)	()	()
M10 Fluoroscopic: C-Arm (Mobile)	()	()			
M11 Fluoroscopic: C-Arm (Miniature)	()	()			
M12 Fluoroscopic: Lateral	()	()	Non-Medical – Analytical		
M13 Cone Beam C.T.	()	()	R1 Gauging	()	()
M14 Radiographic Slot-Scan (2D/3D imaging)	()	()	R2 Photoelectronic Spectrometer	()	()
			R3 Open Beam Analytical	()	()
Dental			R4 Closed Beam Analytical	()	()
D1 Intraoral	()	()	<i>(Examples: Diffraction, fluorescence spectrometer, auger microprobe, luminoscope, particle analyzer)</i>		
D2 Panorol	()	()	R5 Hand-held Analytical	()	()
D3 Extraoral other than Panorol	()	()			
D4 Extraoral with Intraoral	()	()	Non-Medical – Radiography and Irradiation Devices		
D5 Extraoral with Panorol	()	()	S1 Particle Accelerator - operates at or above 250 kVp	()	()
D6 Dental C.T.	()	()	S2 Bomb Detector	()	()
D7 Hand-held Dental	()	()	S3 Cabinet System designed to exclude admittance of individual or their extremities.	()	()
D8 Dental C.T. with Extraoral	()	()	<i>(Examples: Baggage, cabinet fluoroscopic, cabinet irradiation, cabinet radiographic-fluoroscopic, cabinet ion beam device)</i>		
			S4 Permanent Radiographic (Vault) designed to allow admittance of individual	()	()
Therapy			<i>(Examples: Radiographic, CT, fluoroscopic, tomography)</i>		
T1 Operates below 250 kVp	()	()	S5 Radiographic	()	()
T2 Operates at or above 250 kVp and less than 1 MV	()	()	<i>(Examples: Non-enclosed unit or temporary job site)</i>		
T3 Operates at 1 MV and above (Linear Accelerator)	()	()	S6 C-Arm Miniature	()	()
T4 Simulator: C.T.	()	()	S8 Cabinet System designed to allow admittance of individual	()	()
T5 Simulator: Radiographic	()	()	S9 Security Screening System	()	()
T6 Simulator: Fluoroscopic	()	()			
T7 Integrated kVp-Rad/CT/Fluoroscopy (OBI)	()	()	Miscellaneous		
T8 Mobile Electron Linear Accelerator	()	()	E70 Tube Only		()
T9 Electronic Brachytherapy	()	()			
T10 Cyber Knife	()	()			
T11 TomoTherapy	()	()			
T12 ProtonTherapy	()	()			

Equipment or Tube(s) rendered inoperable or in storage must be registered. Inspections are conducted on inoperable equipment at no charge.

Signature (If an organization, signature of responsible officer) *Signature and date required for processing*

Signature	Date (mm/dd/yy)
Printed name	Title

Completion of this form is required by Ohio Revised Code Section 3748.06 (Failure to apply may result in civil or criminal penalties).