

**RADIATION MACHINE VENDOR  
REGISTRATION FORM**

No. V \_\_\_\_\_

1. \_\_\_\_\_  
Firm Title (or Individual Name - Last, First, Middle Initial)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip (Area Code) Telephone Number

**NOTE: An application must be completed for each branch/field office servicing Florida.**

2. Type of services performed (please check all appropriate boxes):

- Manufacture major x-ray machine components.
- Install/assemble major x-ray components, new or used (including replacement and relocation services).
- Repair and/or adjust radiation machines.
- Calibrate radiation machines.
- Other \_\_\_\_\_

\_\_\_\_\_

3. Advise this agency by letter of any change (within 30 days after the change):

- a. The name of your firm as given in line item 1.
- b. The address(es) of your office(s) servicing Florida as indicated in line item 1.
- c. The type(s) of service(s) rendered as described in line item 2.

By the signature below the registrant acknowledges that this facility and its operation shall be in conformance with the provisions and requirements of Chapter 64E-5, F.A.C., Florida Control of Radiation Hazards Regulations, where applicable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title or Position in Firm

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Certificate of Registration for Radiation Machine Services will be issued to each facility servicing Florida, and shall expire upon cessation of your operations within Florida or upon notification by the agency.