



Radiation Machine Registration Fees and Payments  
 Florida Department of Health, Bureau of Radiation Control

The Florida Department of Health, Bureau of Radiation Control, registers radiation producing machines per [Section 404.22 Florida Statutes](#). The following table of fees is based upon the fee schedule in subparagraph (5)(b) of the section.

Facility Type	First Tube/Unit	Each Additional Tube/Unit
Medical, Osteopathic, Diagnostic, Hospital, Mammography, Mammography Biopsy, Chiropractic, Mobile Medical, Non-Accelerator Therapy	\$145.00	\$85.00
Veterinary	\$50.00	\$34.00
Educational or Industrial	\$47.00	\$23.00
Dental or Podiatry	\$31.00	\$11.00
Medical Accelerator, Electronic Brachytherapy*	\$258.00	\$148.00
Non-Medical Accelerator	\$81.00	\$48.00

\*Electronic brachytherapy machines are charged per machine/unit, not per tube.

The annual registration fee is due on or before October 28 every year. For new registrants and new machines, registration fees are due within 30 days after acquiring a radiation machine, unless the machine is acquired between July 1 and the October 28, the annual renewal date. In that case, no fee is due for the current registration year and a fee will be due on or before October 28 and will apply to the upcoming registration year.

New registrants and registered facilities adding new machines shall complete and submit [Form DH 1107](#).

Payments may be made:

- 1) By check or money order made payable to: **DOH X-Ray Registration**.
  - a. Payment may be sent with DH 1107 to speed up registration processing.
  - b. Payment may be sent after DH 1107 has been processed and registrant invoiced.
- 2) Online at [xray.floridahealth.gov](http://xray.floridahealth.gov). Online payment option will not be available until after the DH1107 is processed.

The mailing address for registration forms, payments and general correspondence is:

DOH Radiation Machine Section  
 4052 Bald Cypress Way, Bin C21  
 Tallahassee, FL 32399-1741

**Florida Government Agencies only:** If you are paying by Journal Transfer use the SAMAS codes: Vendor ID: 64-20-2-569004- 64200800-00; BF-ORG: 64-61-31-10-000; BF-CAT: 001903; BF-OBJ: 010300; BF-EO: JP and **reference your Invoice Number**.

- State Agency payments require advance payment approval from the Department of Financial Services.
- Send a copy of the Voucher Schedule or Journal Transfer with this invoice to the office address above or by email to [radiationmachine@flhealth.gov](mailto:radiationmachine@flhealth.gov)

**For additional information on registration read:**

- [Florida Administrative Code](#)
- [Information Notices](#)

To speak to someone in the Radiation Machine Section call 850-245-4888.