



(For DRH use only)

Registration No. (_____) _____

STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF RADIOLOGICAL HEALTH
WILLIAM R. SNODGRASS TENNESSEE TOWER
312 ROSA L. PARKS AVENUE, 15th FLOOR
NASHVILLE, TN 37243

**APPLICATION FOR REGISTRATION
IN ACCORDANCE WITH
TENNESSEE CODE ANNOTATED (T.C.A.) SECTION 68-202-504**

1. Name of Applicant _____
(Type or Print Company Name or Last Name, First Name and Middle Initial)
2. Address: _____

Number & Street
City
State
Zip Code
3. Telephone Number(s) & Electronic Mail (e-mail):
 Voice (_____) _____ - _____
 FAX (_____) _____ - _____
 e-mail _____ @ _____
4. Nature of your business:

a. Do you buy / sell radiation machines?	Buy, Sell Both	_____
b. Do you assemble / disassemble radiation machines?	Assemble, Disassemble, Both	_____
c. Do you install / remove radiation machines?	Install, Remove, Both	_____
d. Do you service radiation machines?	Yes or No	_____
e. Do you manufacture radiation machines?	Yes or No	_____
5. Equipment information:

Please place a check (☑) beside the Facility description(s) for which you perform the radiation machine services identified in Item 4, above:

Medical _____
 Educational _____
 Industrial _____
 Other (explain) _____

Date: _____

If the Applicant is a business, include a list of the names of all person(s) who assemble, install, or service radiation machines.

Signature _____

Return completed form to:

STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF RADIOLOGICAL HEALTH
WILLIAM R. SNODGRASS TENNESSEE TOWER
312 ROSA L. PARKS AVENUE, 15th FLOOR
NASHVILLE, TN 37243