



(For DRH use only)

Registration No. ()

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 TO PERFORM RADIATION MACHINE INSPECTIONS
(attach supplemental sheets, if necessary)

1. Name of Applicant: _____
(Type Last Name, First Name and Middle Initial)
2. Address: _____
Number & Street City State Zip Code
3. Education (Degrees, Field of study and where obtained): _____
4. Email Address: _____ Phone: _____ Fax: _____
5. Class(es) of radiation machines for which application to qualify is made and the associated experience:

CLASS	EXPERIENCE (Description and length)	WHERE OBTAINED
Class I Dental Radiation Machines All diagnostic equipment used exclusively for dental diagnostic procedures		
Class II Priority Two Medical Radiation Machines All medical diagnostic x-ray equipment, not in Class III, used exclusively for medical and veterinary diagnostic procedures		
Class III Priority One Medical Radiation Machines All diagnostic x-ray equipment used in radiologists' offices, orthopedic surgeons' offices, or hospitals exclusively for medical diagnostic procedures		
Class IV Therapy Medical Radiation Machines All x-ray equipment with energies less than 0.9 MeV used for the purpose of medical and veterinary radiation therapy		
Class V Priority Two Industrial and Education Radiation Machines Closed-beam analytical radiation machines, gauges, or industrial radiation machines used in shielded room or cabinet radiography		
Class VI Priority One Industrial and Educational Radiation Machines All x-ray machines used for industrial radiography, all open-beam analytical x-ray machines, and all radiation machines not specifically included in Class I, II, III, IV, V, or VII		
Class VII Accelerator All devices defined as accelerators as per "State Regulations for Protection Against Radiation"		

6. Advise this Agency by letter of any change in (within 30 days after the change):
 - a. The address(es) of your office(s) as indicated in Item 2.
 - b. The classes for inspection as described in Item 4.

Signed: _____

Date: _____