

IOWA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF RADIOLOGICAL HEALTH
Lucas State Office Building, 5th Floor,
321 East 12th Street, Des Moines, IA 50319

APPLICATION FOR REGISTRATION OF SERVICING AND SERVICES

39.3(3) of the Iowa Radiation Machines and Radioactive Materials Rules requires registration of each person who is engaged in the business of installing or offering to install radiation machines or is engaged in the business of furnishing or offering to furnish radiation machine servicing or services in Iowa. Please complete the following information and return this form to the IDPH along with the annual company fee of \$100 in a check or money order made payable to the IDPH. Call 515/281-8074 if you have questions.

1. COMPANY INFORMATION (print or type)

Company name or name of individual providing the services.

Street address, city, state, and zip code.

Company representative/contact

Phone number:

2. PLEASE CHECK ALL THAT APPLY TO YOUR COMPANY:

- Installation and service/repair of equipment
 Calibration of radiation machines
 Calibration of measurement or survey instruments
 Radiation protection or health physics consultations or survey
 Processor or processor servicing, or both
 other: _____
- Dental
 Medical

This form is not for mammography or radiation therapy

3. PLEASE PROVIDE THE FOLLOWING ON A SEPARATE SHEET:

1. The training and experience that qualify the individuals to perform the services checked above.
2. The type of measurement instrument(s) to be used to test customer equipment, frequency of calibration, and replacement or exchange schedule.
3. The type of personnel dosimeters supplied during facility visits, frequency of reading, and replacement or exchange schedule.

I have read and understand the requirements of the Iowa Rules. The information provided in this application is true to the best of my knowledge. I will notify the IDPH immediately of any changes in this application. Once approved, the company shall not perform services that are not specifically stated for the company in this application or on the notice of registration that will be issued by the agency until given permission in writing by the IDPH.

Signature of company representative

Date

Enclose the \$100 fee made payable to the Iowa Department of Public Health and send to the address above.