

Iowa Department of Public Health, Bureau of Radiological Health
Registration for Radiation Machine Service Provider

Mailing Address:

Send the following to the Mailing Address given:

Iowa Department of Public Health
Bureau of Radiological Health
Lucas State Office Building, 5th Floor
321 East 12th Street
Des Moines, IA 50319

- Your completed registration.
- A **nonrefundable fee** in a check or money order payable to: **Iowa Department of Public Health.**

Questions?

Customer Support Phone: 855-824-4357

Email: adpereg@idph.iowa.gov

Internet Address: <https://idph.iowa.gov/regulatory-programs/radiation-machines>

FACILITY INFORMATION: (Type or print the information below) This is a new address.

Facility Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Registration Number XSVC: _____

Email: Required _____ EIN/SSN: _____

Service Provider Registration: Your renewal application should be submitted approximately **45 days before** your permit expires.

IF YOUR REGISTRATION IS PAST DUE, PLEASE ADD \$25 A MONTH LATE FEE TO THE TOTAL DUE

LATE FEE = \$ _____

Radiation Machine Service Provider Registration \$200

New Renewal

Total Due = \$ _____

Organization Representative Contact Information

Please Print Legibly

Name: _____

Phone Number: _____ Email Address: _____

Affirmation Questions: (REQUIRED)

(New) Has...

(Renewal) During the previous licensing period, did...

...any state or other jurisdiction of the United States or any other nation limit, restrict, warn, censure, place on probation, suspend, revoke, or otherwise discipline a professional license, permit, registration, or certification issued to you or the organization?

Yes

No

If yes, include the date, location, reason, and resolution.

(New) Have there ever been...

(Renewal) During the previous licensing period, were there...

...judgments or settlements paid on your or the organization's behalf as a result of a professional liability case?

Yes

No

If yes, include the date, location, reason, and resolution.

(New) Have...

(Renewal) During the previous licensing period, did...

...you or the organization had/have a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?

Yes

No

If yes, provide a description of the circumstances.

Service Provider Details: (REQUIRED)

Do you certify that there has been no changes since prior license issuing date, if renewing?

Yes

No

I will insure that employees are properly trained to service or consult on specific equipment prior to providing services.

Yes

No

Our company will be providing equipment demonstrations at facilities located in Iowa.

Yes

No

If yes, please list locations, dates, & times

Please select all services that you provide to facilities in Iowa

___ Calibration of radiation-emitting equipment

___ Installation of radiation-emitting equipment

___ Processor installation or processor servicing or both

___ Radiation protection or health physics consultations and surveys

___ Service/repair of radiation-emitting equipment

___ Furnishes or sells radiation-emitting equipment

Please select the types of radiation-emitting equipment that you service

___ Dental

___ Medical

___ Non-Medical or Industrial

___ Veterinary

Describe the training and / or experience for the services you selected on page 2 for all persons performing services for your company. Include documentation if applicable. Required

Privacy Act Notice: Disclosure of your social security number on this application is required by 42 U.S.C. § 666(a) (13) and Iowa Code § 252J.8 (1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18. **NOTE:** This does not apply to facilities that have obtained an EIN, only to facilities under a Sole Proprietorship.

I am authorized to complete this application on behalf of the organization.

As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.

In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application.

I understand this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this license, permit, registration, or certification and will make employees aware as required and will comply with those provisions.

Signature of Organizational Representative
(REQUIRED)

Date

rev 5-Feb-20