



(For Office Use Only)  
 Registration No. \_\_\_\_\_  
 Date Registered \_\_\_\_\_

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
 DIVISION OF RADIOLOGICAL HEALTH

REGISTRATION OF  
 X-RAY PRODUCING EQUIPMENT

I. POSSESSOR \_\_\_\_\_  
 NAME OF PERSON, CORPORATION, AGENCY, ETC.

ADDRESS \_\_\_\_\_  
 NUMBER AND STREET CITY COUNTY ZIP CODE

II. OWNER \_\_\_\_\_  
 NAME OF PERSON, CORPORATION, AGENCY, ETC.

ADDRESS \_\_\_\_\_  
 NUMBER AND STREET CITY COUNTY ZIP CODE

III. Radiation Safety Officer or Person in charge of x-ray equipment \_\_\_\_\_  
 Telephone # \_\_\_\_\_

IV. Medical Speciality of Possessor \_\_\_\_\_

V. X-RAY PRODUCING EQUIPMENT (see reverse) LIST EACH TUBEHEAD SEPARATELY:

A. Room Number	B. Tube Number	C. Classification Number	D. Equipment Information	E. Fixed, Mobile, or Portable	F. Maximum kVp (Peak Kilovoltage possible)

NOTE: SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON REVERSE

I hereby certify that to the best of my knowledge and belief the above information is true and correct.

DATE SIGNED \_\_\_\_\_  
 CN-0724 (Rev. 9/92)

SIGNATURE OF POSSESSOR \_\_\_\_\_