

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
DIVISION OF RADIOLOGICAL HEALTH

APPLICATION FOR CERTIFIED REGISTRATION

See attached form RHS 8-8 instructions—Use supplemental sheet where necessary. Be sure all items are completed and that all necessary attachments are furnished. If any portion of the application is not applicable specifically so state. Deficient or incomplete applications may be returned without consideration.

<p>1. (a). NAME AND ADDRESS OF APPLICANT</p>	<p>2. PREVIOUS <u>CERTIFIED REGISTRATION</u> NUMBER(S) (Indicate if application is for renewal or amendment of an existing <i>Certified Registration</i>)</p>
<p>1. (b). APPLICANT IS: An individual () A partnership () A corporation () An unincorporated association () Other ()</p>	<p>3. LOCATION(S) WHERE ACCELERATOR WILL BE USED AND/OR STORED.</p>

4. ACCELERATOR DESCRIPTION

A. TYPE OF EQUIPMENT AND MANUFACTURER	B. PEAK KILOVOLTAGE	C. YEAR AND MODEL	D. TYPES OF RADIATION PRODUCED	E. MAXIMUM INTENSITY	F. PURPOSE OR USE

5. THE FOLLOWING INFORMATION IS ATTACHED AS A PART OF THIS APPLICATION: (Check appropriate place and attach information called for in the instructions with this form.)

	NOT APPLICABLE	ATTACHED		PREVIOUSLY SUBMITTED
a. Description of facilities (Instruction 5-a).....	()	()	() on	DATE
b. Description of radiation detection instruments to be used (Instruction 5-b).....	()	()	() on	DATE
c. Instrument calibration procedures (Instruction 5-c).....	()	()	() on	DATE
d. Personnel monitoring equipment (Instruction 5-d).....	()	()	() on	DATE
e. Operating and emergency procedures (Instruction 5-e).....	()	()	() on	DATE
f. Training program (Instruction 5-f).....	()	()	() on	DATE
g. Internal inspection system or other management control (Instruction 5-g).....	()	()	() on	DATE
h. Overall organizational structure (Instruction 5-h).....	()	()	() on	DATE

CERTIFICATE (This item must be completed by applicant)

6. The applicant and any official executing this certificate on behalf of the applicant named in item 1, certify that this application is prepared in conformity with Tennessee Regulations for Protection Against Radiation, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

APPLICANT NAMED IN ITEM 1

BY: _____

TITLE OF CERTIFYING OFFICIAL

DATE: _____