

TENNESSEE DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF RADIOLOGICAL HEALTH

Registration No. (for DRH only)  _____
---

APPLICATION FOR REGISTRATION TO PERFORM  
RADIATION MACHINE INSPECTIONS  
(Attach Supplemental Sheet if Necessary)

1. Name of Applicant: \_\_\_\_\_  
(Type or Print Individual Name - last, first, and middle initial)

2. Address: \_\_\_\_\_  
 (street & no.) (city) (state) (zip) (phone)

3. Education (Degrees, Field of study and where obtained):

4. Class(es) of Radiation Machines for which application to qualify is made and the associated experience:

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

5. Please indicate the total number of employees in your firm currently performing inspections:

6. Please 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 2.
- b. The classes for inspection as described in 4.
- c. The number of employees performing services as initially indicated in 5.

Signed \_\_\_\_\_

Date \_\_\_\_\_