

**RADIATION MACHINE REGISTRATION FORM  
FOR CHANGES TO REGISTRANT OR MACHINE INFORMATION**

Please read the [instructions](#) before completing this form.

For changes in ownership, use [RH 2261N](#) (New Registrant) or  
[RH 2261W](#) (Withdrawal of Registration).

**TYPE OF ACTION**

Choose all actions that apply. Complete sections A, F, G, and H for all actions, and

- If changing registrant information, also complete section B.
- If changing registered machine information, also complete section C.
- If removing one or more registered machine(s), also complete section D.
- If adding one or more radiation machine(s), also complete section E.

**A: REGISTRANT INFORMATION**

Registrant (name of facility, business, or practice)	Registration Number	<input type="checkbox"/> Mammography Provider	
Physical Address (street number and name)	City	State	Zip Code

**B: CHANGES TO REGISTRANT INFORMATION**

Provide new or corrected information only. A completed field indicates a change.

Registrant (name of facility, business, or practice)	Business Phone Number		
Type of Facility, Business, or Practice (e.g. dental, medical, veterinary, etc.)	<input type="checkbox"/> Mammography Provider <input type="checkbox"/> No Longer a Mammography Provider		
Physical Address (street number and name)	City	State	Zip Code
Mailing Address (street number and name)	City	State	Zip Code

For Radiologic Health Branch Use Only
---------------------------------------

**C: CHANGES TO REGISTERED MACHINE INFORMATION**

Provide new or corrected information only. A completed field indicates a change.

<b>Registered Machine</b>	Manufacturer		Model	Room Name or Number
<b>Changes</b> (provide new or corrected information only)	Manufacturer		Model	Room Name or Number
	Number of X-ray tubes, waveguides, or electron guns	Type Code	Additional Information	
For Radiologic Health Branch Use Only				

<b>Registered Machine</b>	Manufacturer		Model	Room Name or Number
<b>Changes</b> (provide new or corrected information only)	Manufacturer		Model	Room Name or Number
	Number of X-ray tubes, waveguides, or electron guns	Type Code	Additional Information	
For Radiologic Health Branch Use Only				

<b>Registered Machine</b>	Manufacturer		Model	Room Name or Number
<b>Changes</b> (provide new or corrected information only)	Manufacturer		Model	Room Name or Number
	Number of X-ray tubes, waveguides, or electron guns	Type Code	Additional Information	
For Radiologic Health Branch Use Only				

**D: REMOVING REGISTERED MACHINE(S)**

Complete and submit [RH 2261W](#) instead if you are no longer in possession of any radiation machines or all radiation machines in your possession have been made incapable of producing radiation.

<b>Registered Machine</b>	Manufacturer	Model	Room Name or Number
<b>Removal Action</b> (check one)	<input type="checkbox"/> This machine is no longer in my possession. <input type="checkbox"/> This machine has been made incapable of producing radiation.		Removal Action Date (mm/dd/yyyy)
Additional Information			
For Radiologic Health Branch Use Only			

<b>Registered Machine</b>	Manufacturer	Model	Room Name or Number
<b>Removal Action</b> (check one)	<input type="checkbox"/> This machine is no longer in my possession. <input type="checkbox"/> This machine has been made incapable of producing radiation.		Removal Action Date (mm/dd/yyyy)
Additional Information			
For Radiologic Health Branch Use Only			

<b>Registered Machine</b>	Manufacturer	Model	Room Name or Number
<b>Removal Action</b> (check one)	<input type="checkbox"/> This machine is no longer in my possession. <input type="checkbox"/> This machine has been made incapable of producing radiation.		Removal Action Date (mm/dd/yyyy)
Additional Information			
For Radiologic Health Branch Use Only			

**E: ADDING MACHINE(S)**

Do not add machines that you have already registered.

Manufacturer	Model	Type Code (see instructions)	
Number of X-ray Tubes, Waveguides, or Electron Guns	Room Name or Number	Acquired Date (mm/dd/yyyy)	<input type="checkbox"/> Form FDA 2579
Additional Information			
For Radiologic Health Branch Use Only			

Manufacturer	Model	Type Code (see instructions)	
Number of X-ray Tubes, Waveguides, or Electron Guns	Room Name or Number	Acquired Date (mm/dd/yyyy)	<input type="checkbox"/> Form FDA 2579
Additional Information			
For Radiologic Health Branch Use Only			

Manufacturer	Model	Type Code (see instructions)	
Number of X-ray Tubes, Waveguides, or Electron Guns	Room Name or Number	Acquired Date (mm/dd/yyyy)	<input type="checkbox"/> Form FDA 2579
Additional Information			
For Radiologic Health Branch Use Only			

**F: FACILITY CONTACT INFORMATION**

Enter the individual that a Radiologic Health Branch representative may contact regarding any information provided on this form.

Name	Phone Number	E-mail Address

**G: SIGNATURE OF AUTHORIZED REPRESENTATIVE**

I declare under penalty of perjury under the laws of the State of California that the information submitted on this form and on any attachments is true and correct. I agree to abide by all laws and regulations that pertain to the operation and registration of the radiation machine(s) for which I am applying including but not limited to those laws and regulations governing the establishment, implementation, and maintenance of a radiation protection program.

Name	Title/Position
Signature	Date

**H: RECORDKEEPING/SUBMISSION**

Submit all pages. Keep a copy for your records. Do not submit multiple copies of the same completed form. No payment is required at this time. Mail the original with supporting documents to:

<p><b>If sending by regular mail, send it to</b>  Registration and Certification Support Unit  California Department of Public Health  Radiologic Health Branch, MS 7610  P.O. Box 997414  Sacramento, CA 95899-7414</p>	<p><b>If sending by express mail, send it to</b>  Registration and Certification Support Unit  California Department of Public Health  Radiologic Health Branch  1500 Capitol Avenue, 5<sup>th</sup> Floor, Building 172  Sacramento, CA 95814-5006</p>
--	---

For more information, please visit our website at <http://cdph.ca.gov/rhb> or call (916) 327-5106.

For Radiologic Health Branch Use Only