RADIATION MACHINE REGISTRATION FORM FOR NEW REGISTRANTS

Please read the instructions before completing this form.

A: REGISTRANT INFORMATION

Registrant (name of facility, business, or practice)		Business Phone Number	
Type of Facility, Business, or Practice (e.g. dental, medical, veterinary, etc.)		☐ Mammography Provider	
Physical Address (street number and name)	City	State	Zip Code
Mailing Address (street number and name)	City	State	Zip Code

B: MACHINE INFORMATION List all radiation machines that you possess.

Manufacturer	Model	Type Code (see instructions)	
Number of X-ray Tubes, Waveguides, or Electron Guns	Room Name or Number	Acquired Date (mm/dd/yyyy)	☐ 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)	☐ Form FDA 2579
Additional Information			
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C: 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

D: 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

E: 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:

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

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

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