



**APPLICATION FOR REGISTRATION OF A NEW RADIATION  
 SERVICE PROVIDER**

**PLEASE READ ATTACHED INSTRUCTIONS PRIOR TO COMPLETING**

**1. COMPANY OR INDIVIDUAL (if sole proprietorship)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

EIN/Social Security No. \_\_\_\_\_ Fax Number: \_\_\_\_\_

**a. NAME OF RSO OR REGULATORY AFFAIRS OFFICER** \_\_\_\_\_

**2. AREA FOR WHICH REGISTRATION IS BEING APPLIED: (Check all that apply)**

- (a) Installation and/or servicing of radiation machines and associated machine components;
- (b) Calibration of radiation machines or radiation measurement instruments or devices;
- (c) Radiation protection or health physics consultations or surveys; (attach resume)
- (d) Personnel dosimeter services;
- (e) Radiation shielding per NCRP Report #49;
- (f) Radiation Therapy Physicist operating therapeutic radiation machine (attach resume)

**3. CERTIFICATIONS HELD:**

TITLE	ID #	NAME OF HOLDER
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. TRAINING OF APPLICANT: (attach supporting documentation)**

**a. FORMAL EDUCATION BACKGROUND:**

<u>Academic Degree</u>	<u>School</u>	<u>Major</u>	<u>Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. SPECIFIC TRAINING OR BOARD CERTIFICATION IN THE AREA OF REGISTRATION APPLIED FOR: (attach supporting documentation)

<u>Course Title</u>	<u>Location</u>	<u>Dates</u>	<u>Nature of Training</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. EXPERIENCE OF APPLICANT: (attach supporting documentation)

a. LIST RELEVANT EMPLOYMENT HISTORY:

<u>Organization</u>	<u>Position</u>	<u>Dates</u>	<u>% of Time</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. LIST UP TO THREE (3) FACILITIES YOU PLAN TO SERVICE IN DELAWARE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. I certify that I have read and understand Parts A & B of the Delaware Radiation Control Regulations, and that the information submitted is true to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OR PRINT NAME: \_\_\_\_\_

In order to facilitate processing, please be sure that all items on the application have been completed before sending to the agency. Incomplete applications will be returned. Please allow a minimum of (3) weeks for processing. This form may be photocopied, and applicants should retain a copy for their records.

If you have any questions, please contact the Office of Radiation Control at 302-744-4546. To download forms or obtain a copy of the regulations, please visit our web site at <http://www.dhss.delaware.gov/dhss/dph/hsp/orc.html>

Mail completed application form to:

Delaware Division of Public Health  
Office of Radiation Control  
417 Federal Street  
Dover, DE 19901

## INSTRUCTIONS FOR APPLICATION FORM ORC - R3

ITEM	INSTRUCTIONS AND DEFINITIONS
1. COMPANY AND/OR INDIVIDUAL	Enter complete company name, owner/manager, or individual name if sole proprietorship, mailing address, EIN or SS #, telephone number and fax number.
2. AREA FOR WHICH REGISTRATION IS BEING APPLIED	Check the appropriate item(s), a-f. For Area C, attach resume for Principal Consultant of firm. For Area F, attach resume for Physicist(s).
3. CERTIFICATIONS HELD	Enter the title, ID number of relevant certification(s), name of Owner, and supporting documentation. If held by an employee, note by "E"; if held by owner/manager, note by "C."
4. TRAINING OF APPLICANT OR EMPLOYEE	<p>Enter the required information regarding the formal education background of the Owner/Manager, note by "C"; if held by an employee, note by "E."</p> <p>List training related to the area of which registration is applied. Under "Nature of Training", indicate "on-the-job", "formal."</p> <p>Do not list more than three (3) employees. Where work is performed by more than three (3) employees, briefly describe company minimum for radiation equipment and safety training held by employees.</p>
5. EXPERIENCE OF APPLICANT (Do not list more than three (3) employees, see four (4) above)	Enter relevant employment history. Under "% of time", show the actual percentage of the work week that was spent on relevant tasks.
5b. DELAWARE CUSTOMERS	List three (3) facilities you plan to service in the State of Delaware.
6. SIGNATURE OF APPLICANT	A general knowledge and understanding of Parts A & B of the Delaware Radiation Control Regulations (DRCR), under which all Radiation Service Companies must operate in Delaware, is the responsibility of the Owner/Manager. The application form <b>must</b> be signed by the Company Owner/Manager or individual if sole proprietorship. The registration is not valid until a "Notice of Registration" has been issued, a copy will be mailed to the applicant.