



RENEWAL APPLICATION FOR RADIATION SERVICE PROVIDER REGISTRATION

READ ATTACHED INSTRUCTIONS PRIOR TO COMPLETING

The Delaware Radiation Control Regulation Section B.9.0 requires that each person or company who is engaged in the business of installing or offering to install radiation machines, or is engaged in the business of furnishing or offering to furnish radiation machine servicing or services in this state shall apply for registration of such services with the Agency, and receive Agency approval prior to furnishing or offering to furnish any such services.

Complete this form and attach supporting documents, as noted below. **Incomplete forms will be returned. Allow three weeks for processing.** Mail your form and attachments to the following address:

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

1. COMPANY OR INDIVIDUAL (if sole proprietorship)

Delaware Registration No.

Name:

Address:

City: State: Zip:

Tax ID - EIN or Social Security #: Phone number:

Email:

(a) NAME OF RADIATION SAFETY OFFICER:

2. PRACTICE AREA FOR WHICH REGISTRATION IS BEING APPLIED (check all that apply):

- (a) Installation and/or servicing of radiation machines and associated radiation source components;
- (b) Calibration of radiation source or radiation measurement instruments or devices;
- (c) Radiation protection or health physics consultations or surveys (attach resume);
- (d) Personnel dosimetry services;
- (e) Radiation shielding plans for x-ray rooms;
- (f) Practice as a Qualified Medical Physicist (attach resume).

3. CERTIFICATIONS HELD:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Id#	Name Of Holder
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Id#	Name Of Holder
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Id#	Name Of Holder

4. TRAINING OF APPLICANT OR EMPLOYEE (attach supporting documentation):

(a) FORMAL EDUCATION BACKGROUND:

Academic Degree	School	Major	Year

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

Course Title	Location	Dates	Nature of Training

5. EXPERIENCE OF APPLICANT (attach supporting documentation):

(a) LIST RELEVANT EMPLOYMENT HISTORY:

Organization	Position	Dates	Percent of Time

(b) LIST THE 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:

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

INSTRUCTIONS FOR APPLICATION FORM ORC - R3-A

ITEM	INSTRUCTIONS AND DEFINITIONS
1. COMPANY AND/OR INDIVIDUAL	Enter complete company name, owner/manager, or individual name if sole proprietorship, mailing address, Employee Identification Number (EIN) or Social Security Number (SSN), telephone number, and fax number.
1.(a) NAME OF RADIATION SAFETY OFFICER	The regulations require that each applicant designate on the application form an individual responsible for radiation protection, designated as Radiation Safety Officer (RSO). RSO responsibilities are outlined in the Delaware Radiation Control Regulations 4465, Part B, Appendix C.
2. PRACTICE AREA(S) FOR WHICH REGISTRATION IS BEING APPLIED	Check the appropriate practice area (a-f). For practice area C, attach resume for Principal Consultant of firm. For area F, attach resume for Physicist(s).
3. INDIVIDUALS TO BE REGISTERED	Enter the title, identification (ID) number of relevant certification(s), name of owner, and supporting documentation and specify if held by an employee, and/or by owner/manager. Board certification is usually held by individuals making application for practice area C (consultant) or practice area F (physicist).
4. TRAINING OF APPLICANT OR EMPLOYEE	Enter the required information regarding the formal education background of the owner/manager, and/or by an employee. List training related to the practice area for which registration is applied. Under "Nature of Training," indicate "on-the-job," or "formal." If application is for more than three (3) employees; attach a list where work is performed by more than three (3) employees, briefly describe company minimum requirements for radiation equipment, and safety training held by employees.
5. EXPERIENCE OF APPLICANT [Do not list more than three (3) employees; see four (4) above.]	Enter relevant employment history. Under "percent of time", show the actual percentage of the work week spent on tasks relevant to practice area for which registration is applied. Delaware regulation specifies education and training requirements for persons performing radiation machine assembly, installation or repair, see 4465, Part B, Appendix D.
5(b) DELAWARE CUSTOMERS	List the 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 <u>must</u> 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.