



**State of Colorado
Department of Public Health & Environment
Application for X-Ray Reciprocity Request**

INSTRUCTIONS: This application must be printed in ink and have original signatures and dates. Please provide all information requested on this form. Mail the original completed form with all attachments to the Colorado Department of Public Health and Environment, HMWMD Radiation Control Program, X-Ray Certification Unit RM-B2, 4300 Cherry Creek Drive South, Denver, Colorado 80246-1530. Or email a copy of the completed form with all attachments to cdphe.hmxraycomments@state.co.us. Please retain a copy of the completed application request form for your records. All registrations/reciprocity requests for radiation machines are issued in accordance with the requirements contained in the Colorado Department of Public Health and Environment, *Rules and Regulations Pertaining to Radiation Control*, 6 CCR 1007-1, Part 2, 2.8 If additional information is required to complete this form, please call (303) 692-3448 or (888) 569-1831 ext. 3448 toll-free (outside the 303 area code), or fax (303) 759-5355 Attention: X-Ray Certification Unit.

Requestor:

Company Name:	Phone Number:
Contact Name and Title:	Fax Number:
Address:	Email:
City, State, Zip Code:	Registration Issued by:
Type of Machine: (radiographic, industrial, etc)	Registration Expiration Date:
Manufacturer:	Control Model No.:
Control Serial No.:	Tube Serial No.:

Proposed Location of Use or Employment:

Site Identification:	Client Phone Number:
Address/Location:	Client Fax Number:
County:	Client Email:
City:	Date Entering Colorado:
Client Contact Person:	Date Leaving Colorado:
Number of previous days of use in Colorado this year:	Intended Use:

Operator Information: (Person responsible for use and operation of the machine while in Colorado)

Operator Name:	Phone Number: (in Colorado)
Address of Operator:	Operator Registration No.:
City, State, Zip Code:	Registration issued by:

As an authorized representative of the above company, I certify that a copy of all applicable parts of the Colorado *Rules and Regulations Pertaining to Radiation Control* (Regulations) will be available at each use location in Colorado; each machine has been evaluated and determined to be in compliance with these, or equivalent, regulations and that the operation of each radiation producing machine will be in accordance with the applicable requirements of these Regulations. I have attached documentation showing that:

_____ The radiation machine(s) has been evaluated in accordance with the Regulations, or other state's regulations that are equivalent, that the machine(s) complies with the manufacturer's recommended specifications, and that the operator has been adequately trained as required in 6 CCR 1007-1, Part 2, 2.6.1.1 through 2.6.1.15. Machine evaluations will have been performed within one year prior to entry into Colorado or as required in Part 2, 2.5.

_____ Additionally, I have provided the information requested in 6 CCR 1007-1, Part 6, Appendix F of the Regulations if conducting a healing arts program.

Signature of Responsible Person

Date

For Office Use Only

Approval/Review/Recommendations:	<input type="checkbox"/> Approval	<input type="checkbox"/> Denial
Signature of Reviewer: _____	Date: _____	Title: _____
Signature of Administrative Staff: _____	Date: _____	Date of Completion/Mailing: _____