



**Addition of Service Company Technicians:
 Radiation Machine Sales and Services**

This form is an application to add technicians to an existing registered Colorado Service Company for performing the following services: selling, leasing, transferring, lending, assembling, installing, maintaining, repairing, storing, trading out, disabling or disposing of radiation machines and related components. Please refer to 6 CCR 1007-1 *Colorado Rules and Regulations Pertaining to Radiation Control Part 2, 2.4.2* and Appendix 2H for additional information.

Addition of Service Company Technicians Application _____ (\$60 fee) *This form is only for adding technicians not previously registered.*

Applicant Information: Service Company # _____ Registration Expiration Date: _____

Company Name: _____

Mailing Address: Street _____

City, State, Zip _____

Location Address: Street _____

City, State, Zip _____

Contact Name: _____

Email Address: _____

Office Phone: _____ Mobile Phone: _____

Preferred contact method: Office Phone _____ Mobile Phone _____ Email _____ (Select only one. Email will be default if no selection made)

Service Categories requested: check each category you are requesting

- Sales (any type)
- Healing Arts (excluding dental, mammography)
- Dental
- Mammography
- Clinical Radiation Therapy
- Analytical - Non healing Arts (Includes package scanners, PMIs, cabinet analytical)
- Industrial Accelerator

Personnel Dosimetry Monitoring

All technicians performing service work in Colorado are in possession of personnel dosimeters to monitor occupational dose limits as outlined in 6 CCR 1007-1, Part 4.6

- Yes No

Personnel dosimetry supplier: _____ Dosimetry supplier's NVLAP Lab code: _____

Instrumentation Calibration:

Applicant will perform all services with instruments in compliance with 6 CCR 1007-1, Part 2 that are sufficiently sensitive to determine compliance with these regulations, are maintained in good working order, and shall be calibrated at least every two (2) years, or in accordance with the manufacturer's recommendation, whichever is more frequent, or after any repair that could affect the calibration of the instrument.

- Yes No

Service Technicians Adding

Please list the first and last name of each technician who you wish to add to the registration. Attach an additional sheet if necessary.

For each technician, please attach diplomas, transcripts, certificates or attendance sheets showing x-ray machine service training as required by 6 CCR 1007-1 *Colorado Rules and Regulations Pertaining to Radiation Control* Appendix 2H.

Technician Last Name, First Name	Length of experience conducting x-ray machine service	Office Use
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

I certify by my signature below under penalty of law that this application is prepared in conformity with the Colorado Department of Public Health and Environment’s 6 CCR 1007-1 *Rules and Regulations pertaining to Radiation Control* and that all information contained herein, including any attachments, is true, accurate and complete to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Applicant’s Signature and Title _____
Date of Application

Payment: Applicant will be invoiced (invoiced applicants may use the CDPHE on-line payment portal which accepts echeck, Debit and Credit Cards)

Send completed form with all attachments to

Email: cdphe_xray_qisc@state.co.us

Mail: Colorado Department of Public Health and Environment
HMWMD- XRC -B1
4300 Cherry Creek Drive South
Denver, CO 80246-1530

For Office Use Only

Application received date: _____

Payment:

Check # _____ Check date _____ Amt. of Payment \$ _____ CDPHE Staff Initials _____

Invoice # _____ Date: _____

Approved Denied - Reason for denial: _____

Approval/Denial date: _____ Reviewed by: _____

Supervisor review date: _____

Registration letter sent date : _____ by _____ Email Mail

An electronic copy of this form may be found at: <https://www.colorado.gov/cdphe/xray>