



**Renewal Application for Registration:
 Radiation Machine Sales and Services**

This form is an application for registration as a 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. The registration is for a one year period. Renewals must be received 30 days prior to the expiration date. 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.

Renewal Application _____ (\$100 fee)

This form is not for adding technicians not previously registered. To add new technicians, please use form R60-AddTechs2016

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)

Sales:

- Sales (any machine type) - If company only performs sales in Colorado but no service work such as maintenance, please skip to Applicant Signature section at the end

Service Categories requested: check each category you are requesting

- 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 Renewing

Please list the first and last name of each technician previously registered who will continue to provide services in Colorado. Attach an additional sheet if necessary.

Technician	Office use	Office Use
Last Name, First Name		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

For adding Technicians, please use form R60-AddTechs2016

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>