



**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.

Registration application fee \_\_\_\_\_ (\$100 fee) (For existing registered service company renewal use form R60ServiceCo-renewal2016)

**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 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](mailto: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>