

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICE
DIVISION OF PUBLIC HEALTH
RADIOLOGICAL HEALTH**

APPLICATION FOR REGISTRATION OF SERVICES FOR RADIATION GENERATING EQUIPMENT

INSTRUCTIONS: (Use additional sheets where necessary.)

- **Type or print except where indicated.**
- Retain one copy for your files
- Submit annual fee per 180 NAC 18-008.02 and original application to: Department of Health and Human Services, Division of Public Health, Radiological Health, 301 Centennial Mall South, P.O. Box 95026, Lincoln, NE 68509-5026 or via online pay portal at www.ne.gov/go/RADHealth.
- Upon approval of the application a "Certificate of Registration for Radiation Generating Equipment." will be issued.

1. Name and Street Address of Applicant's Business (Individual or Company)	
Applicant Name:	_____
Address:	_____
City, State, Zip+4:	_____
Phone #:	Fax #:
E-mail Address:	_____

2. Name of Person Responsible to Contact Regarding this Application		
Name: _____	Phone #: _____	Email: _____

3. Types of Services to be performed: Please check all appropriate boxes.	Training Requirement References:
<input type="checkbox"/> A. Installation/Service: If "A" is checked, please check at least one of the 3 items below.	
<input type="checkbox"/> A1. Installation/Assembly (includes initial Electronic Calibration) of Radiation Generating Equipment	180 NAC 15-014
<input type="checkbox"/> A2. Service/repair of Radiation Generating Equipment	
<input type="checkbox"/> A3. Measurement of Radiation Generating Equipment Output	
<input type="checkbox"/> B. Calibration: If "B" is checked, please check at least one the 3 items below.	
<input type="checkbox"/> B1. Calibration of Diagnostic Radiation Generating Equipment	180 NAC 15-014
<input type="checkbox"/> B2. Calibration of CTs	180 NAC 15-004.01 or 15-004.02
<input type="checkbox"/> B3. Calibration of Therapeutic Radiation Generating Equipment	180 NAC 15-004.01
<input type="checkbox"/> B4. Calibration of Non-Medical Radiation Generating Equipment	180 NAC 15-014
<input type="checkbox"/> C. Reviews: If "C" is checked, please check at least one of the 3 items below.	
<input type="checkbox"/> C1. Area Surveys and shielding reviews of Diagnostic Radiation Generating Facilities	180 NAC 15-004.01, 15-004.02, or 15-004.03
<input type="checkbox"/> C2. CT Shielding Facility Reviews	180 NAC 15-004.01 or 15-004.02
<input type="checkbox"/> C3. Therapeutic Facility Reviews	180 NAC 15-004.01
<input type="checkbox"/> C4. Non-Medical area Surveys and shielding reviews of Radiation Generating Facilities	180 NAC 15-004.02
<input type="checkbox"/> D. Demonstration which includes energizing the radiation generating equipment	180 NAC 15-014
<input type="checkbox"/> E. Sales	No training is required.
<input type="checkbox"/> F. Other	Dependent on service requested.

4. Training: (At least one individual must be qualified for each of the requested service(s) listed in 3.A through D and F)
4.A. Submit name of individual qualified and which service the individual is to provide.
4.B. Attach training requirements for each individual. (See item 3. On Page 1 of this form for training requirements references.)
4.C. Each individual applying for registration must read and understand the requirements of 180 NAC 2.

Name of Individual: _____
Check Service(s) Qualified Individual is Providing:

<input type="checkbox"/> A1	<input type="checkbox"/> B1	<input type="checkbox"/> C1	<input type="checkbox"/> D
<input type="checkbox"/> A2	<input type="checkbox"/> B2	<input type="checkbox"/> C2	<input type="checkbox"/> E
<input type="checkbox"/> A3	<input type="checkbox"/> B3	<input type="checkbox"/> C3	<input type="checkbox"/> F
	<input type="checkbox"/> B4	<input type="checkbox"/> C4	

Training Documentation for individual is attached.
 This individual has read and understands the requirements of 180 NAC 2.

Name of Individual: _____
Check Service(s) Qualified Individual is Providing:

<input type="checkbox"/> A1	<input type="checkbox"/> B1	<input type="checkbox"/> C1	<input type="checkbox"/> D
<input type="checkbox"/> A2	<input type="checkbox"/> B2	<input type="checkbox"/> C2	<input type="checkbox"/> E
<input type="checkbox"/> A3	<input type="checkbox"/> B3	<input type="checkbox"/> C3	<input type="checkbox"/> F
	<input type="checkbox"/> B4	<input type="checkbox"/> C4	

Training Documentation for individual is attached.
 This individual has read and understands the requirements of 180 NAC 2.

Name of Individual: _____
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<input type="checkbox"/> A2	<input type="checkbox"/> B2	<input type="checkbox"/> C2	<input type="checkbox"/> E
<input type="checkbox"/> A3	<input type="checkbox"/> B3	<input type="checkbox"/> C3	<input type="checkbox"/> F
	<input type="checkbox"/> B4	<input type="checkbox"/> C4	

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<input type="checkbox"/> A3	<input type="checkbox"/> B3	<input type="checkbox"/> C3	<input type="checkbox"/> F
	<input type="checkbox"/> B4	<input type="checkbox"/> C4	

Training Documentation for individual is attached.
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<input type="checkbox"/> A3	<input type="checkbox"/> B3	<input type="checkbox"/> C3	<input type="checkbox"/> F
	<input type="checkbox"/> B4	<input type="checkbox"/> C4	

Training Documentation for individual is attached.
 This individual has read and understands the requirements of 180 NAC 2.

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<input type="checkbox"/> A3	<input type="checkbox"/> B3	<input type="checkbox"/> C3	<input type="checkbox"/> F
	<input type="checkbox"/> B4	<input type="checkbox"/> C4	

Training Documentation for individual is attached.
 This individual has read and understands the requirements of 180 NAC 2.

5. CITIZENSHIP ATTESTATION

- It is not necessary to complete the Attestation part of this application below if the application is for a corporation or other separate legal entity. **Explain why:** *For example: This application is for a corporation, partnership, etc.*

OR

- If the entity is owned by an individual, complete the United States Citizenship or Lawful Presence Attestation Form below.

UNITED STATES CITIZENSHIP OR LAWFUL PRESENCE ATTESTATION FORM

For the purpose of complying with Neb. Rev Stat. §§. 4-108 through 4-114, I attest as follows:

- I am a citizen of the United States

OR

- I am a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____ and I am providing a copy of my USCIS documentation.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Name (type or print first, middle, last)

Signature

Date

6. CERTIFICATION. This Item must be completed by the applicant.

The applicant and any official executing this document on behalf of the applicant named in Item 1., certify that this application is prepared in conformity with the Nebraska Department of Health and Human Services, Title 180, Regulations for Control of Radiation and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

Applicant Name From Item 1.

By: _____
Signature

Date: _____

Print Name and Title of certifying official authorized to act on behalf of the applicant

Registration Does Not Imply Approval or Disapproval of Service

Your Application will not be processed without completion of items 5 and 6.