



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

## APPLICATION FOR REGISTRATION OF NEW FACILITIES RADIATION GENERATING EQUIPMENT

Type or print except where indicated.  
Retain one copy for your records.  
Refer to NRH-4 Instructions as needed.

Submit original application to:  
**Nebraska Dept. of Health and Human Services**  
**Office of Radiological Health**  
**301 Centennial Mall South**  
**PO Box 95026**  
**Lincoln, NE 68509-5026**  
Email: [dhhs.radiationprograms@nebraska.gov](mailto:dhhs.radiationprograms@nebraska.gov)

Department Use Only	
County	Reg. Number
Priority	Region
Renewal Date	Fee

1.a FACILITY NAME, STREET ADDRESS, and INFORMATION			
Facility Name:			
Facility Address:			
City, State, Zip:			
Facility Telephone:		FAX:	
Facility E-Mail:			
1.b RADIATION GENERATING EQUIPMENT LOCATION (IF DIFFERENT THAN 1.a)			
Facility Name:			
Address:			
City, State, Zip:			
Telephone:		FAX:	
Temporary job sites throughout Nebraska? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. BILLING INFORMATION			
Billing Address			
(if different than 1.a):			
City, State, Zip:			
Billing Telephone:		FAX:	
Contact Person:			
3. PRACTICE TYPE (SEE NRH-4 INST)			

**4. RADIATION GENERATING EQUIPMENT** (use additional sheets if necessary – NRH-4A)

List **EACH** machine on a separate line.

Machine Type <i>(See NRH-4 Inst)</i>	Number Tubes	Control Manufacturer	Control Model No.	Control Serial No.	Install Date	Manufacture Date	Location of Master Control

**5. RADIATION SAFETY OFFICER (RSO)** (see 180 NAC 2-004.02)

Radiation Safety Officer (Print or Type)	Signature	Date

**6. CITIZENSHIP ATTESTATION and CERTIFICATION**

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

Check only **ONE** of the applicable boxes below then sign and date in Certifying Official section:

- Application is for a separate legal entity (Ex: corporation, partnership, etc.) **Explain:** \_\_\_\_\_
- I am a qualified alien under the Federal Immigration and Nationality Act.  
Immigration status and alien number: \_\_\_\_\_  
USCIS documentation enclosed.
- I am a citizen of the United States

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.

The applicant and any official executing this document on behalf of the applicant named in Item 1.a. 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 their knowledge.

Certifying Official (Print or Type)	Facility Name (see item 1.a)
Signature	Date