



APPLICATION FOR REGISTRATION OF A NEW RADIATION SERVICE PROVIDER

PLEASE READ ATTACHED INSTRUCTIONS PRIOR TO COMPLETING

1. COMPANY OR INDIVIDUAL (if sole proprietorship)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

EIN/Social Security No. _____ Fax Number: _____

a. NAME OF RSO OR REGULATORY AFFAIRS OFFICER _____

2. AREA FOR WHICH REGISTRATION IS BEING APPLIED: (Check all that apply)

- (a) Installation and/or servicing of radiation machines and associated machine components;
(b) Calibration of radiation machines or radiation measurement instruments or devices;
(c) Radiation protection or health physics consultations or surveys; (attach resume)
(d) Personnel dosimeter services;
(e) Radiation shielding per NCRP Report #49;
(f) Radiation Therapy Physicist operating therapeutic radiation machine (attach resume)

3. CERTIFICATIONS HELD:

Table with 3 columns: TITLE, ID #, NAME OF HOLDER. Three rows for certification entries.

4. TRAINING OF APPLICANT: (attach supporting documentation)

a. FORMAL EDUCATION BACKGROUND:

Table with 4 columns: Academic Degree, School, Major, Year. Three rows for education entries.

b. SPECIFIC TRAINING OR BOARD CERTIFICATION IN THE AREA OF REGISTRATION APPLIED FOR: (attach supporting documentation)

| <u>Course Title</u> | <u>Location</u> | <u>Dates</u> | <u>Nature of Training</u> |
|---------------------|-----------------|--------------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

5. EXPERIENCE OF APPLICANT: (attach supporting documentation)

a. LIST RELEVANT EMPLOYMENT HISTORY:

| <u>Organization</u> | <u>Position</u> | <u>Dates</u> | <u>% of Time</u> |
|---------------------|-----------------|--------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

b. LIST UP TO THREE (3) FACILITIES YOU PLAN TO SERVICE IN DELAWARE:

6. I certify that I have read and understand Parts A & B of the Delaware Radiation Control Regulations, and that the information submitted is true to the best of my knowledge.

SIGNATURE: _____ DATE: _____

TYPE OR PRINT NAME: _____

In order to facilitate processing, please be sure that all items on the application have been completed before sending to the agency. Incomplete applications will be returned. Please allow a minimum of (3) weeks for processing. This form may be photocopied, and applicants should retain a copy for their records.

If you have any questions, please contact the Office of Radiation Control at 302-744-4546. To download forms or obtain a copy of the regulations, please visit our web site at <http://www.dhss.delaware.gov/dhss/dph/hsp/orc.html>

Mail completed application form to:

Delaware Division of Public Health
Office of Radiation Control
417 Federal Street
Dover, DE 19901

INSTRUCTIONS FOR APPLICATION FORM ORC - R3

| ITEM | INSTRUCTIONS AND DEFINITIONS |
|---|---|
| 1. COMPANY AND/OR INDIVIDUAL | Enter complete company name, owner/manager, or individual name if sole proprietorship, mailing address, EIN or SS #, telephone number and fax number. |
| 2. AREA FOR WHICH REGISTRATION IS BEING APPLIED | Check the appropriate item(s), a-f. For Area C, attach resume for Principal Consultant of firm. For Area F, attach resume for Physicist(s). |
| 3. CERTIFICATIONS HELD | Enter the title, ID number of relevant certification(s), name of Owner, and supporting documentation. If held by an employee, note by "E"; if held by owner/manager, note by "C." |
| 4. TRAINING OF APPLICANT OR EMPLOYEE | <p>Enter the required information regarding the formal education background of the Owner/Manager, note by "C"; if held by an employee, note by "E."</p> <p>List training related to the area of which registration is applied. Under "Nature of Training", indicate "on-the-job", "formal."</p> <p>Do not list more than three (3) employees. Where work is performed by more than three (3) employees, briefly describe company minimum for radiation equipment and safety training held by employees.</p> |
| 5. EXPERIENCE OF APPLICANT (Do not list more than three (3) employees, see four (4) above) | Enter relevant employment history. Under "% of time", show the actual percentage of the work week that was spent on relevant tasks. |
| 5b. DELAWARE CUSTOMERS | List three (3) facilities you plan to service in the State of Delaware. |
| 6. SIGNATURE OF APPLICANT | A general knowledge and understanding of Parts A & B of the Delaware Radiation Control Regulations (DRCR), under which all Radiation Service Companies must operate in Delaware, is the responsibility of the Owner/Manager. The application form must be signed by the Company Owner/Manager or individual if sole proprietorship. The registration is not valid until a "Notice of Registration" has been issued, a copy will be mailed to the applicant. |