



**Department of Environmental Quality
Emergency & Radiological Services Division
Licensing & Registrations Section
P.O. Box 4312
Baton Rouge, LA 70821-4312
Phone: (225) 219-3041 Fax: (225) 219-3154**

Application (For Office Use Only)
Registration #: _____
Date Scanned: _____
Fee Paid-Amount: _____
AI#: _____

REGISTRATION OF SERVICES APPLICATION (See Instructions)

DRC-22 (Revised 1/1/06)

This application is for:

_____ New Registration _____ Renewal Registration _____ Change of Address or other Information

FACILITY INFORMATION

1. Name (Individual, Hospital, Corporation, Etc.) _____ 2. Area Code-Telephone No. _____

3. Mailing Address: No. & Street _____ City & State _____ Zip Code _____

4. Other Location(s) Within the State _____ (List Complete Addresses)

5. Type of Personnel Monitoring provided to employees who are occupationally exposed to radiation:

_____ Film Badge _____ Thermoluminescent dosimeter (TLD) _____ Direct -reading pocket dosimeter
_____ Other - explain: _____

6. Personnel Monitoring exchange frequency:

_____ Quarterly (TLD only) _____ Monthly _____ Weekly _____ Other

7. Personnel Monitoring Supplier: _____

8. Type of Servicing and/or services provided: (check appropriate blank)

_____ Assembler, X-ray (assemble, install, repair) Types: _____ Dental _____ Medical _____ Industrial
_____ Industrial Radiography _____ Other (specify) _____
_____ Calibration - X-ray Therapy Equipment
_____ Demonstration, Sales (sell, buy, rent, lease, lend)

9. In case of services where X-ray machines are used, please complete the following:

MANUFACTURER:	CONTROL PANEL:	Serial No.	MAXIMUM RATED:
_____	Model No. _____	_____	KVP _____ MA _____
_____	_____	_____	_____
_____	_____	_____	_____

10. This is to certify that, to the best of my knowledge and belief, all information contained herein, including any supplements attached hereto, is true and correct.

_____ Date

_____ Applicant Named in Item 1.

Submit the completed original and maintain copy for your files.

_____ BY:

_____ Title

NOTE: ALL APPLICATIONS MUST BE SIGNED AND DATED BEFORE A REGISTRATION CERTIFICATE CAN BE ISSUED.

INSTRUCTIONS FOR COMPLETING APPLICATION FOR REGISTRATION OF SERVICES FORM

Indicate whether the application is for new registration, a renewal of previous registration, or for change of address, ownership or other information.

- Item 1. Refers to the legal title and/or administrative control of the facility providing the services.**
- Item 2. Self-explanatory.**
- Item 3. When giving mailing address, be sure to include zip-code.**
- Item 4. List address(es) of all branch offices where services are performed. If statewide, parishwide, citywide, or offshore, please designate.**
- Item 5. Indicate the type of personnel monitoring device to be used by the applicant's employees.**
- Item 6. For personnel monitoring exchange frequency, enter the time interval for exchanging personnel monitoring devices. The longest exchange frequency accepted by the Department for film badges is one month. The longest exchange frequency for TLDs is once per quarter.**
- Item 7. Enter the name of the applicant's personnel monitoring supplier. This supplier shall be certified in accordance with LAC 33:XV.431.C.**
- Item 8. Types of servicing and/or services provided: Check the appropriate boxes. Those applicants requesting "Calibration- X-ray Therapy Equipment" must submit in detail the following:**
 - A. Operating and Emergency Procedures**
 - B. Instruments used for performing the service**
 - C. Qualifications of person performing the calibration, and**
 - D. A description of the method(s) utilized**
- Item 9. Radiation machine data is to be filled out if a company-owned X-ray machine is employed when providing a service.**
- Item 10. Please execute the certification required. The application must be signed and dated by the applicant or an individual duly authorized by the applicant to act for or on the applicant's behalf.**

IF ADDITIONAL FORMS ARE NEEDED, PLACE THE NUMBER NEEDED IN THE BLANK PROVIDED ON THE FRONT OF THE FORM.

AFTER ALL APPROPRIATE ITEMS OF THE APPLICATION HAVE BEEN COMPLETED, RETAIN ONE COPY FOR YOUR FILES AND MAIL ORIGINAL TO:

**LICENSING & REGISTRATIONS SECTION
POST OFFICE BOX 4312
BATON ROUGE, LOUISIANA 70821-4312
(225) 219-3041
(225) 765-0160 (24 hour number)
FAX (225) 219-3154**