



**Department of Environmental Quality  
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 11/3/17)

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       Optically Stimulated Luminescence dosimeter (OSL)       Direct -reading pocket dosimeter  
 Other - explain: \_\_\_\_\_

6. Personnel Monitoring exchange frequency:  
 Quarterly (OSL 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  
 Calibration - X-ray Therapy Equipment       Industrial Radiography       Other (specify) \_\_\_\_\_  
 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

\_\_\_\_\_  
Signature

Submit the completed original and maintain copy for your files.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
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 OSLs 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.**

**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**