



Connecticut Department of
Energy & Environmental Protection
Bureau of Air Management
Radiation Division

Diagnostic and Therapeutic X-Ray Device Registration

May 1, 2014 to April 30, 2016

Please complete this form in accordance with the [instructions](#) (DEEP-RAD-INST-200) to ensure the proper handling of your registration. Print or type unless otherwise noted. Along with this completed form, you must submit the registration fee. Please retain a copy of this completed form at your facility.

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
Program: Radiation	

Part I: Registration Type

Requested Year of Registration Period: _____
--

Check the appropriate box(es) identifying the registration type. **Submit one registration per location.**

<input type="checkbox"/> <i>renewal</i> of an existing registration* [#222] <input type="checkbox"/> <i>new</i> registration [#222] <input type="checkbox"/> <i>modification</i> of an existing registration* (see below to indicate type of modification)	<p><i>*If renewing or modifying the existing registration provide the facility ID number:</i></p> <p>Facility ID number:</p>
Modifications to existing registrations (check all that apply):	
<input type="checkbox"/> transfer of ownership (new owner completes the registration(see <i>Part II.4</i>) [#1463] <input type="checkbox"/> adding x-ray devices [#222] <input type="checkbox"/> other changes to existing registration	<input type="checkbox"/> inactive x-ray devices (see <i>Part V.</i>) [#1464] <input type="checkbox"/> disposed of x-ray devices (see <i>Part V.</i>) [#1464] <input type="checkbox"/> transfer of devices (see <i>Part V.</i>) [#1464] <input type="checkbox"/> termination of registration

Part II: Registrant Information *(the registrant is the owner of the devices being registered)*

- *If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at [CONCORD](http://www.concord-sots.ct.gov/CONCORD/index.jsp) (www.concord-sots.ct.gov/CONCORD/index.jsp)*
- If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).*

Part II: Registrant Information (continued)

1. Registrant Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

*Email:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

a) Business Type (check one):

- individual federal agency state agency municipality tribal
 business entity (If a business entity complete i through ii)

i) provide Secretary of the State business ID #: _____ This information can be accessed at the Secretary of State's database ([CONCORD](http://www.concord-sots.ct.gov/CONCORD/index.jsp)). (www.concord-sots.ct.gov/CONCORD/index.jsp)

i) Check here if your business is **NOT** registered with the Secretary of State's Office.

2. List billing contact, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

3. List primary contact for departmental correspondence and inquiries, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

*Email:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

Part II: Registrant Information (continued)

4. If transferring ownership, identify previous owner.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

Date of Sale:

Part III: Site/Facility Information

1. Site/Facility name and location:

Name of facility :

Name of site, if different than the facility name:

Street Address:

City/Town:

State:

Zip Code:

2. Type of facility (check one)

Bone Density

Dental

Mobile Vehicle

Chiropractic

Educational Institution

Podiatrist

Clinic/Medical

Hospital

Research

Correctional

Mammography

Veterinarian

Other: (specify): _____

Part III: Site/Facility Information (continued)

3. Indicate the Number of X-ray devices at the subject facility for each type of device listed below (include all hand-held devices):

Type of X-Ray Device	Number of X-Ray Devices	Type of X-Ray Device	Number of X-Ray Devices
Dental	#: _____(total)	Teletherapy	#: _____(total)
Panoramic	#: _____	Non-Accelerator	#: _____
Cephalometric	#: _____	Accelerator ≥ 1 Mev	#: _____
Intra Oral	#: _____	Accelerator < 1 Mev	#: _____
Cone Beam CT	#: _____		
Bone Density/DEXA	#: _____	Mammography	#: _____(total)
		Mammography	#: _____
		Mammography/Tomography	#: _____
		Stereotactic	#: _____
C-Arm	#: _____	Hand Held	#: _____
CT Scan	#: _____	Podiatry	#: _____
Fluoroscopy	#: _____	Portable	#: _____
General Purpose	#: _____	Radiographic	#: _____
Other: (specify):	#: _____	Veterinarian	#: _____
4. Total Number of X-Ray Devices: _____			

Part IV: Fee Information

Total FEE = Total Number of X-Ray Devices: _____ X \$190.00 = _____

A fee of **\$190.00 per x-ray device** is to be submitted with *each* registration that you are submitting. State owned x-ray devices and state and municipal operated hospitals which own x-ray devices are exempt from the fee. Each location requires a separate registration. The registration will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection.

Part V: Retiring/Dismantling X-Ray Devices (continued)

2. Total Number of Retired/Dismantled X-Ray Devices: _____
3. Provide a description of how the x-ray device(s) was retired/dismantled (e.g., cut the x-ray cord, etc.) or if the device was removed, attach a copy of the receipt from the service provider that removed the device(s).

Part VI: Registrant Certification

The registrant and the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided.

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate, and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p>	
_____ Signature of Registrant	_____ Date
_____ Name of Registrant (print or type)	_____ Title (if applicable)
_____ Signature of Preparer	_____ Date
_____ Name of Preparer (print or type)	_____ Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.	

Note: Please submit the completed Registration Form and Fee to:

CENTRAL PERMIT PROCESSING UNIT
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CT 06106-5127

An out of state registrant planning to make a site visit to Connecticut shall submit an additional form, the [Temporary Site Use Notification](#) (DEEP-RAD-REG-201) at least three days prior to entering the state, informing the department of their activities within Connecticut. *The Diagnostic and Therapeutic X-Ray Device Registration Form* must have been previously submitted before filing a *Temporary Site Use Notification*.