



Bureau of Environmental Health and Radiation Protection
Application for Registration of Radiation-Generating Equipment
Electronically submitted applications can be processed within 2-3 business days at
<https://odh.ohio.gov/know-our-programs/x-ray-equipment/forms/x-ray-equipment-application>

For Registration Staff use only

If unable to apply electronically at the web address above, the following three items must be submitted;

- a signed, completed three-page Application (form HEA5104 11/2018)
- an IRS 147C Tax Identification Verification letter and
- a non-refundable check or money order for the amount of two hundred sixty- two dollars (\$262.00) shall be made payable and sent to:

- ☐ IRS 147C letter attached
☐ Check or money order attached

**Treasurer, State of Ohio, Ohio Department of Health,
Attn: Revenue Processing Section, PO Box 15278, Columbus, OH 43215-0278
246 N. High St., Columbus, Ohio 43215**

If you have questions or need assistance in completing this form, call 614-995-4727

IRS 147C or SS-4 Tax Identification Verification Letter

To obtain your tax number verification letter, call IRS at 1-800-829-4933 or 1-800-829-0115 and request your "Tax Identification Verification Letter" and have the IRS fax the letter to you. This process should take 2-3 minutes (AW-9 will not be accepted.)

At least **30 days prior to handling the equipment**, submit a completed application and a non-refundable required payment. Each separate address location with Radiation Generating Equipment (RGE) must submit a completed application.

If adding additional equipment to a current registration, then process your amendment via your online account, no fees due. A new application is not required for an address already registered with ODH.

Registrations are not transferrable. If this is an ownership change, the new owner must submit a new application with \$262.00 fee. A Termination form HEA5508 is required to terminate the previous owner's record.

Please type or print clearly

Registrant or Facility name— *The official name on the 147C letter is the "Registrant name" to be entered on the application.*

Registrant name (Must match Federal Tax ID on record with IRS)

Applicant category— *Select only one*

- | | | | |
|--|--|---|---|
| 1. <input type="checkbox"/> Chiropractic Office | 7. <input type="checkbox"/> Registered Hospital | 13. <input type="checkbox"/> Corporate Office | 18. <input type="checkbox"/> Engineer / Contractor/
Temporary Job Site |
| 2. <input type="checkbox"/> Dental Office | 8. <input type="checkbox"/> Non-Registered Hospital | 14. <input type="checkbox"/> Manufacturer | 19. <input type="checkbox"/> Transportation Company |
| 3. <input type="checkbox"/> Physician Office | 9. <input type="checkbox"/> Educational Institution | 15. <input type="checkbox"/> Laboratory / Testing / R&D | 20. <input type="checkbox"/> Other _____ |
| 4. <input type="checkbox"/> Podiatry Office | 10. <input type="checkbox"/> Clinic / Imaging Center | 16. <input type="checkbox"/> Correctional Facility | 21. <input type="checkbox"/> RGE Manufacturer |
| 5. <input type="checkbox"/> Veterinary Office | 11. <input type="checkbox"/> Government Agency | 17. <input type="checkbox"/> Public Utility | 22. <input type="checkbox"/> Recycling/Scrap/Waste |
| 6. <input type="checkbox"/> Mobile Health Care Serv. | 12. <input type="checkbox"/> Assembler / Maintainer | | |

Federal Tax ID number— *The Tax ID# on the 147C letter is the tax number to be entered on the application.*

*(If no federal tax ID number, contact Bureau. **DO NOT** use social security number.)*

Federal Tax ID (FTI) Must be included.



Bureau of Environmental Health and Radiation Protection

Application for Registration of Radiation-Generating Equipment

Individual Responsible for Radiation Protection

Name	Email
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Address:

Mailing Address *Letters*

Phone	Ext	Fax	
Mailing name or DBA name			
Street address			
City	State	Zip	County

Billing Address *Invoices*

Same as
mailing
address
☐

Phone	Ext	Fax	
Mailing name or DBA name			
Street address			
City	State	Zip	County

X-Ray source location *Current address where radiation-generating equipment is located*

Same as
mailing
address
☐

Same as
billing
address
☐

Phone	Ext	Fax	
Mailing name or DBA name			
Street address			
City	State	Zip	County

Additional information *(Optional)*

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Please note the requirements of Ohio Administrative Code 3701:01-38-03(C) Every facility that proposes to handle radiation-generating equipment for which registration is required shall apply for a registration at least **thirty days** prior to handling the equipment. Registration or renewal thereof shall be in accordance with this rule; and Ohio Administrative Code 3701:01-38-03 (G) Registrations shall be renewed in accordance with the standard renewal procedure established in Chapter 4745 of the Ohio Revised Code. The registrant shall apply for renewal at least **thirty days** prior to the expiration of the registration every two years thereafter.

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Application for Registration of Radiation-Generating Equipment

Radiation Sources (List total number of x-ray tubes you handle at this location)

	Number Operable	Number Inoperable		Number Operable	Number Inoperable
Medical			Veterinary		
M1 Radiographic (Stationary)	()	()	V1 Radiographic (Stationary)	()	()
M2 Radiographic (Mobile)	()	()	V2 Dental	()	()
M3 Bone Densitometry	()	()	V3 C.T. (Computerized Tomography)	()	()
M4 C.T. (Computerized Tomography)	()	()	V4 Fluoroscopic	()	()
M5 Mammography	()	()	V5 Therapy Operates at 1 MV and above (Linear Accelerator)	()	()
M6 Stereotactic Biopsy	()	()	V6 Radiographic (Mobile)	()	()
M7 Fluoroscopic: Under Table	()	()	V7 Hand-held Veterinary	()	()
M8 Fluoroscopic: Above Table	()	()	V8 Micro C.T. Veterinary	()	()
M9 Fluoroscopic: C-Arm (Stationary)	()	()	V9 Integrated kVp-Rad/CT/Fluoroscopy (OBI)	()	()
M10 Fluoroscopic: C-Arm (Mobile)	()	()			
M11 Fluoroscopic: C-Arm (Miniature)	()	()	Non-Medical – Analytical		
M12 Fluoroscopic: Lateral	()	()	R1 Gauging	()	()
M13 Cone Beam C.T.	()	()	R2 Photoelectronic Spectrometer	()	()
M14 Radiographic Slot-Scan (2D/3D imaging)	()	()	R3 Open Beam Analytical	()	()
			R4 Closed Beam Analytical	()	()
Dental			(Examples: Diffraction, fluorescence spectrometer, auger microprobe, luminoscope, particle analyzer)		
D1 Intraoral	()	()	R5 Hand-held Analytical	()	()
D2 Panoramic	()	()			
D3 Extraoral other than Panoramic	()	()	Non-Medical – Radiography and Irradiation Devices		
D4 Extraoral with Intraoral	()	()	S1 Particle Accelerator - operates at or above 250 kVp	()	()
D5 Extraoral with Panoramic	()	()	S2 Bomb Detector	()	()
D6 Dental C.T.	()	()	S3 Cabinet System designed to exclude admittance of individual or their extremities.	()	()
D7 Hand-held Dental	()	()	(Examples: Baggage, cabinet fluoroscopic, cabinet irradiation, cabinet radiographic-fluoroscopic, cabinet ion beam device)		
D8 Dental C.T. with Extraoral	()	()	S4 Permanent Radiographic (Vault) designed to allow admittance of individual	()	()
			(Examples: Radiographic, CT, fluoroscopic, tomography)		
Therapy			S5 Radiographic	()	()
T1 Operates below 250 kVp	()	()	(Examples: Non-enclosed unit or temporary job site)		
T2 Operates at or above 250 kVp and less than 1 MV	()	()	S6 C-Arm Miniature	()	()
T3 Operates at 1 MV and above (Linear Accelerator)	()	()	S8 Cabinet System designed to allow admittance of individual	()	()
T4 Simulator: C.T.	()	()	S9 Security Screening System	()	()
T5 Simulator: Radiographic	()	()			
T6 Simulator: Fluoroscopic	()	()	Miscellaneous		
T7 Integrated kVp-Rad/CT/Fluoroscopy (OBI)	()	()	E70 Tube Only		()
T8 Mobile Electron Linear Accelerator	()	()			
T9 Electronic Brachytherapy	()	()			
T10 Cyber Knife	()	()			
T11 Tomotherapy	()	()			
T12 Proton Therapy	()	()			

Equipment or Tube(s) rendered inoperable or in storage must be registered. Inspections are conducted on inoperable equipment at no charge.

Signature (If an organization, signature of responsible officer) *Signature and date required for processing*

Signature		Date (mm/dd/yy)
Printed name	Title	

Completion of this form is required by Ohio Revised Code Section 3748.06 (Failure to apply may result in civil or criminal penalties).