



**STATE OF TENNESSEE  
DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF RADIOLOGICAL HEALTH  
3RD FLOOR, L & C ANNEX, 401 CHURCH STREET, NASHVILLE, TN 37243**

**APPLICATION FOR CERTIFIED REGISTRATION**

See attached form instructions – Use supplemental sheet where necessary. Be sure all items are completed and that all necessary attachments are furnished. If any portion of the application is not applicable, so state. Deficient or incomplete applications may be returned without consideration.

1(a). NAME AND ADDRESS OF APPLICANT	2. PREVIOUS CERTIFIED REGISTRATION NUMBER(S) (Indicate if application is for renewal or amendment of an existing Certified Registration)
1(b). APPLICANT IS: An Individual ( ) A Partnership ( ) A Corporation ( ) An unincorporated association ( ) Other ( )	3. LOCATION(S) WHERE ACCELERATOR WILL BE USED AND/OR STORED

4. ACCELERATOR DESCRIPTION

A. TYPE OF EQUIPMENT AND MANUFACTURER	B. PEAK KILOVOLTAGE	C. YEAR AND MODEL	D. TYPES OF RADIATION PRODUCED	E. MAXIMUM INTENSITY	F. PURPOSE OR USE

5. THE FOLLOWING INFORMATION IS ATTACHED AS A PART OF THIS APPLICATION:  
(Check appropriate place and attach information called for in the instructions with this form)

	Not Applicable	Attached	Previously Submitted
a. Description of facilities (instruction 5a) .....	( )	( )	on _____ Date
b. Description of radiation detection instruments to be used (instruction 5b) ...	( )	( )	on _____ Date
c. Instrument calibration procedures (instruction 5c) .....	( )	( )	on _____ Date
d. Personnel monitoring equipment (instruction 5d) .....	( )	( )	on _____ Date
e. Operating and emergency procedures (instruction 5e) .....	( )	( )	on _____ Date
f. Training program (instruction 5f) .....	( )	( )	on _____ Date
g. Internal inspection system or other management control (instruction 5g) ....	( )	( )	on _____ Date
h. Overall organizational structure (instruction 5h) .....	( )	( )	on _____ Date

CERTIFICATE (This item must be completed by applicant)

6. The applicant and any official executing this certificate on behalf of the applicant named in Item 1(a) certify that this application is prepared in conformity with Tennessee Regulations for Protection Against Radiation and that all information contained therein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

\_\_\_\_\_  
APPLICANT NAME IN ITEM 1

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
TITLE OF CERTIFYING OFFICIAL