



(For DRH use only)  
Registration No. ( \_\_\_\_\_ ) \_\_\_\_\_

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 REGISTRATION  
IN ACCORDANCE WITH  
TENNESSEE CODE ANNOTATED (T.C.A.) SECTION 68-202-504**

1. Name of Applicant \_\_\_\_\_  
(Type or Print Company Name or Last Name, First Name and Middle Initial)

2. Address: \_\_\_\_\_  
Number & Street City State Zip Code

3. Telephone Number(s) & Electronic Mail (e-mail):  
Voice ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
FAX ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
e-mail \_\_\_\_\_ @ \_\_\_\_\_

4. Nature of your business:
- |  |                             |       |
|--|-----------------------------|-------|
| a. Do you buy / sell radiation machines?             | Buy, Sell Both              | _____ |
| b. Do you assemble / disassemble radiation machines? | Assemble, Disassemble, Both | _____ |
| c. Do you install / remove radiation machines?       | Install, Remove, Both       | _____ |
| d. Do you service radiation machines?                | Yes or No                   | _____ |
| e. Do you manufacture radiation machines?            | Yes or No                   | _____ |

5. Equipment information:  
Please place a check (☑) beside the Facility description(s) for which you perform the radiation machine services identified in Item 4, above:

Medical \_\_\_\_\_  
Educational \_\_\_\_\_  
Industrial \_\_\_\_\_  
Other (explain) \_\_\_\_\_

Date: \_\_\_\_\_

If the Applicant is a business, include a list of the names of all person(s) who assemble, install, or service radiation machines.

Signature \_\_\_\_\_

Return completed form to:

STATE OF TENNESSEE  
DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF RADIOLOGICAL HEALTH  
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NASHVILLE, TN 37243