



**(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  
TO PERFORM RADIATION MACHINE INSPECTIONS  
 (attach supplemental sheets, if necessary)**

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. Education (Degrees, Field of study and where obtained): \_\_\_\_\_
4. Class(es) of radiation machines for which application to qualify is made and the associated experience:

CLASS	EXPERIENCE (Description and length)	WHERE OBTAINED
<b>Class I</b> <b>Dental Radiation Machines</b> All diagnostic equipment used exclusively for dental diagnostic procedures		
<b>Class II</b> <b>Priority Two Medical Radiation Machines</b> All medical diagnostic x-ray equipment, not in Class III, used exclusively for medical and veterinary diagnostic procedures		
<b>Class III</b> <b>Priority One Medical Radiation Machines</b> All diagnostic x-ray equipment used in radiologists' offices, orthopedic surgeons' offices, or hospitals exclusively for medical diagnostic procedures		
<b>Class IV</b> <b>Therapy Medical Radiation Machines</b> All x-ray equipment with energies less than 0.9 MeV used for the purpose of medical and veterinary radiation therapy		
<b>Class V</b> <b>Priority Two Industrial and Education Radiation Machines</b> Closed-beam analytical radiation machines, gauges, or industrial radiation machines used in shielded room or cabinet radiography		
<b>Class VI</b> <b>Priority One Industrial and Educational Radiation Machines</b> All x-ray machines used for industrial radiography, all open-beam analytical x-ray machines, and all radiation machines not specifically included in Class I, II, III, IV, V, or VII		
<b>Class VII</b> <b>Accelerator</b> All devices defined as accelerators as per "State Regulations for Protection Against Radiation"		

5. Indicate the total number of employees in your firm currently performing inspections:
6. Advise this Agency by letter of any change in (within 30 days after the change):
  - a. The address(es) of your office(s) as indicated in Item 2.
  - b. The classes for inspection as described in Item 4.
  - c. The number of employees performing services as initially indicated in Item 5.

Signed \_\_\_\_\_ Date \_\_\_\_\_