



INSTRUCTIONS: Please provide all information requested on this form. Email a copy of the completed form with all attachments to [cdphe\\_xray\\_qisc@state.co.us](mailto:cdphe_xray_qisc@state.co.us). Please retain a copy of the completed application request form for your records. All registrations/reciprocity requests for radiation machines are issued in accordance with the requirements contained in the Colorado Department of Public Health and Environment, *Rules and Regulations Pertaining to Radiation Control*, 6 CCR 1007-1, Part 2, 2.8. For questions about this form, please call (303) 692- 3448 or (888) 569-1831 ext. 3448 toll-free (outside the 303 area code), or fax (303) 691-7841, Attention: X-Ray Certification Unit.

**Requestor Information:**

Company Name:			
Street Address:			
City, State, Zip Code:			
Contact Name and Title:			Phone Number:
Email:			
Name of State agency the radiation machine is registered under:			Registration Expiration Date:
Radiation Machine Information:			
Manufacturer:			
Serial No.:		Model No.:	
Describe the proposed use of the radiation machine:			

**Proposed Location of Use or Employment:**

Site Identification:			
Address/Location:			
Date Entering Colorado:			Date Leaving Colorado:
Client Contact Person:			Client Phone Number:
Client Email:			
Number of previous days of use in Colorado this year:			

**Operator Information:** (Person responsible for use and operation of the machine while in Colorado)

Operator Name:			Phone Number: (in Colorado)
Operator Registration No.:			Registration issued by:

As an authorized representative of the above company, I certify that:

- A copy of all applicable parts of the Colorado *Rules and Regulations Pertaining to Radiation Control* (Regulations) will be available at each use location in Colorado;
- Each machine has been evaluated and determined to be in compliance with these, or equivalent, regulations and that the operation of each radiation producing machine will be in accordance with the applicable requirements of these Regulations.
- The operator has been adequately trained as required in 6 CCR 1007-1, Part 2, 2.6.1.1 through 2.6.1.15.
- If applicable, a Healing Arts Screening application has been approved by the Department.

Signature:	Date
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For the purposes of this form, the Colorado Department of Public Health and Environment accepts your typed name, title, and date as an electronic signature equivalent to your valid signature on a paper copy of the form. As such, this electronically completed form subjects the signatory to the same responsibilities as a hand-signed form. Per §18-8-306, C.R.S., it is a felony to submit false information to a state official.

**For Office Use Only**

Approval/Review/Recommendations:	_____Approval	_____Denial
Signature of Reviewer: _____	Date: _____	Title: _____

General Instructions  
X-Ray Reciprocity Request  
Form R- 200

Based on the Colorado *Rules and Regulations Pertaining to Radiation Control* (6 CCR 1007-1), any person who brings radiation producing machines into Colorado for temporary use may be granted authorization upon request to conduct activities using these machines for 180 days in any calendar year. Form R-200 is used to request authorization to use radiation machines in Colorado without an x-Ray facility registration. If a radiation machine is brought into Colorado for display purposes only and will not be used to produce radiation, a reciprocity request is not required.

Reciprocity will be accepted only if the radiation machine is registered with another state agency and that agency has regulations equivalent to the Colorado regulations stated above. At a minimum the state agency must have regulations pertaining to radiation machine certification (inspection) and a radiation protection program that requires dosimetry monitoring, written procedures and operator qualifications. Any procedure that exposes a human patient to the radiation must be under the supervision of a Colorado-licensed physician, dentist, chiropractor or podiatrist.

1. Reciprocity approval is limited to 180 days in a calendar year. If a company will operate radiation machines in the State of Colorado in excess of 180 calendar days per year, the company must be registered using Form R-4 (Application for Registration of Radiation Machines).
2. Reciprocity requests must be provided to the Colorado Department of Public Health and Environment on Form R-200 at least 15 calendar days before the machine is to be used in Colorado.
3. The person using a radiation machine in the State of Colorado under reciprocity must:
  - a. Meet the minimum credential requirements for operators;
  - b. Have written procedures for the operation of the radiation machine;
  - c. Monitor their radiation exposure with an NVLAP-approved dosimetry badge provider;
  - d. Provide documentation the radiation producing machine has been certified to meet equivalent performance requirements of the Colorado Regulations.

For questions, contact our office at (303) 692-3448 or (888) 569-1831 toll-free or Fax (303) 691-7841, Attention: X-Ray Certification Unit.