



**Application for Registration:
Radiation Machine Sales and
Services**

This form is an application for registration as a Colorado Service Company for performing the following services: selling, leasing, transferring, lending, assembling, installing, maintaining, repairing, storing, trading out, disabling or disposing of radiation machines and related components. The registration is for a one year period. Renewals must be received 30 days prior to the expiration date. Please refer to 6 CCR 1007-1 Colorado Rules and Regulations Pertaining to Radiation Control Part 2, 2.4.2 and Appendix 2H for additional information.

Application fee _____ (\$100)

Applicant information: Service company # _____ Registration expiration date: _____

Company name: _____

Mailing address: Street _____

City, State, Zip _____

Location address: Street _____

City, State, Zip _____

Contact name: _____

Email address: _____

Office phone: _____ Mobile phone: _____

Preferred contact method: Office phone _____ Mobile phone _____ Email _____ (Select only one. Email will be default if no selection made)

Sales:
 Sales (any machine type) - If company only performs sales in Colorado but no service work such as maintenance, please skip to applicant signature section at the end

- Service categories requested: check each category you are requesting
- Healing Arts (excluding dental, mammography)
 - Dental
 - Mammography
 - Clinical Radiation Therapy
 - Analytical - Non Healing Arts (Includes package scanners, PMIs, cabinet analytical)
 - Industrial accelerator

Personnel dosimetry monitoring

All technicians performing service work in Colorado are in possession of personnel dosimeters to monitor occupational dose limits as outlined in 6 CCR 1007-1, Part 4.6

Yes No

Personnel dosimetry supplier: _____ Dosimetry supplier's NVLAP lab code: _____

Instrumentation calibration:

Applicant will perform all services with instruments in compliance with 6 CCR 1007-1, Part 2 that are sufficiently sensitive to determine compliance with these regulations, are maintained in good working order, and shall be calibrated at least every two (2) years, or in accordance with the manufacturer's recommendation, whichever is more frequent, or after any repair that could affect the calibration of the instrument.

Yes No

Service technicians renewing

Please list the first and last name of each technician previously registered who will continue to provide services in Colorado. Attach an additional sheet if necessary.

Technician		Office Use
Last Name, First Name		
1. _____	13. _____	_____
2. _____	14. _____	_____
3. _____	15. _____	_____
4. _____	16. _____	_____
5. _____	17. _____	_____
6. _____	18. _____	_____
7. _____	19. _____	_____
8. _____	20. _____	_____
9. _____	21. _____	_____
10. _____	22. _____	_____
11. _____	23. _____	_____
12. _____	24. _____	_____

For adding technicians, please use form **R60-Addition of Technicians**

I certify by my signature below under penalty of law that this application is prepared in conformity with the Colorado Department of Public Health and Environment’s 6 CCR 1007-1 Rules and Regulations pertaining to Radiation Control and that all information contained herein, including any attachments, is true, accurate and complete to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Applicant’s signature and title _____
Date of application

Payment: Applicant will be invoiced (invoiced applicants may use the CDPHE on-line payment portal which accepts echeck, debit and credit cards)

Send completed form to email:
cdphe_xray_qisc@state.co.us

Mail: Colorado Department of Public Health and Environment
 HMWMD- XRC -B1
 4300 Cherry Creek Drive South
 Denver, CO 80246-1530

For Office Use Only

Application received date: _____

Payment:
 Check # _____ Check date _____ Amt. of Payment \$ _____ _____ CDPHE Staff Initials

Invoice # _____ Date: _____

Approved **Denied** - Reason for denial: _____

Approval/Denial date: _____ Reviewed by: _____

Supervisor review date: _____

Registration letter sent date : _____ by _____ Email Mail

An electronic copy of this form may be found at: <https://www.colorado.gov/cdphe/xray>

Adding Service Technicians

As required by 6 CCR 1007-1 Colorado Rules and Regulations Pertaining to Radiation Control Appendix 2H. By placing an "X" after the name of the service tech, the service company certifies 1) adequate training and experience that demonstrates compliance with the requirements of Appendix 2H. 2) each service technician has been instructed in, and demonstrates an understanding of the requirements of the State of Colorado regulations. 3) each service technician has been instructed in, and demonstrates an understanding of the requirements of the Federal Performance Standard (21 CFR Chapter I, Subchapter J) Mammography documentation must still be submitted to the unit.

	Technician Last name, First name	Length of experience conducting x-ray machine service	Date Co Exam passed w/ 23 or more correct	Attestation of compliance, please initial
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

I certify by my signature below under penalty of law that this application is prepared in conformity with the Colorado Department of Public Health and Environment's 6 CCR 1007-1 Rules and Regulations pertaining to Radiation Control and that all information contained herein, including any attachments, is true, accurate and complete to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Applicant's signature and title

Date of application

Payment: There is a \$60 application fee for the addition of technicians when adding technicians after the 60 day renewal period prior to expiration. Applicant will be invoiced (invoiced applicants may use the CDPHE on-line payment portal which accepts echeck, Debit and Credit Cards)

Send completed form with all attachments to

Email: cdphe_xray_qisc@state.co.us

Mail: Colorado Department of Public Health and Environment
HMWMD- XRC -B1
4300 Cherry Creek Drive South
Denver, CO 80246-1530

For Office Use Only

Application received date: _____

Payment:

Check # _____ Check date _____ Amt. of Payment \$ _____ CDPHE Staff Initials _____

Invoice # _____ Date: _____

Approved **Denied** - Reason for denial: _____

Approval/Denial date: _____ Reviewed by: _____

Supervisor review date: _____

Registration letter sent date : _____ by _____ Email Mail

An electronic copy of this form may be found at: <https://www.colorado.gov/cdphe/xray>



**Service Company Technicians Exam Results
 Radiation Machine Sales and Services**

X-ray Service Technician/Engineer Testing

Please list the first and last name of each technician/engineer to whom you administered the Colorado X-ray Service company Exam. Then list the number of correct answers and the date the technician/engineer took the exam. To request test please email: cdphe_xray_qisc@state.co.us.

Service Company Name _____ Service Company Number _____

Technician Last Name, First Name	Test results (Number of correct answers)	Date of test
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____

I certify by my signature below under penalty of law that the Colorado X-ray Service company exam was administered independently to each technician/engineer on the date listed. I further certify that the test results reported are accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

 Test administrator's printed name and title

 Test administrator's Signature

 Date of Signature

Send completed form to
 Email: cdphe_xray_qisc@state.co.us