

State of Vermont
Department of Health
Radiological Health Program
280 State Drive
Waterbury, VT 05671-8350
802-863-7220
HealthVermont.gov

Agency of Human Services

Application to Register as a Provider of Radiation Producing Machine Related Services

This form must be completed and returned to receive a registration certificate.

Return by mail: Vermont Department of Health
Radiological Health
280 State Dr
Waterbury, VT 05671-8350

Or

Return by email: AHS.VDHRadiologicalHealth@vermont.gov

Section One:

Applicant's/Corporation's Legal Name:

Physical Address:

Mailing Address(if different from physical address):

Telephone:

Email:

Name of Most Responsible Individual/Contact:

Telephone:

Email:

Is this registration for: Corporate Entity Individual

Section Two:

Services offered in Vermont (select all that apply):

Distribution or Sales of radiation machines

Personal dosimetry services

Design of shielding or access controls for diagnostic facilities

Design of shielding or access controls for therapeutic facilities





Design of shielding or access controls for non-healing arts facilities

Installation and servicing of diagnostic radiation machines

Installation and servicing of therapeutic radiation machines

Installation and servicing of non-healing arts radiation machines

Calibration of radiation machines, measurement instruments or radiation devices

Calibration and compliance surveys of radiation therapy units

Radiation protection consultation or surveys

Radiation therapy physicist

Other (please specify):

Section Three:

Applicants registering under Section 5.7 of the [Radiological Health Rule](#) shall also provide the following:

- A complete list of all individuals who will be providing services in Vermont under this registration.
- A description of the education, training, and experience that the technician has achieved to make them eligible to perform x-ray machine services in Vermont per Section 5.7.3.
- A description of the measuring instruments to be used for the type of service to be provided and the frequency of calibration of those instruments.

Section Four:

Attestation:

I hereby certify that I am in good standing with regard to child support and Vermont taxes. I further certify that all information stated in this application is true and accurate to the best of my knowledge. I understand that providing false information or leaving out information is against the law and may cause me to lose my license/certification/registration. I understand and will follow the Radiological Health Rule.

Date of Application:

Signature of Most Responsible Person

Printed Name and Title

