

## REGISTRATION OF RADIATION-PRODUCING MACHINES

**THIS FORM MUST BE COMPLETED AND RETURNED TO RECEIVE A REGISTRATION CERTIFICATE**

- If you do not have any x-ray machines check here, fill out Section One, and return.**  
All other facilities, complete entire form. The registration fee is \$85.00 per x-ray tube.

Return to: VERMONT DEPARTMENT OF HEALTH  
RADIOLOGICAL HEALTH  
108 CHERRY STREET  
P.O. BOX 70  
BURLINGTON, VT 05402-0070

### Section One:

\*Facility Name (dba): \_\_\_\_\_

Full Legal Name (if different): \_\_\_\_\_

\*Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

\*Facility Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Name of Responsible Individual: \_\_\_\_\_

Radiation Safety Officer (if designated): \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

### Section Two:

\*Type of Imaging:  Film  Digital

\*Type of Facility (select all that apply):

Dental  Medical  Chiropractic  Veterinary  Podiatry  
 Hospital  Mobile  Industrial  Educational

\*Required

**Please read and complete reverse side**

STATE OF VERMONT  
Agency of Human Services  
Vermont Department of Health

**Section Three:**

\*Indicate number of x-ray machines on the line next to each applicable type:

**MEDICAL/CHIROPRACTIC/PODIATRIC**

- \_\_\_\_\_ Radiographic
- \_\_\_\_\_ Fluoroscopic
- \_\_\_\_\_ Combination Radiographic/Fluorographic
- \_\_\_\_\_ Therapeutic
- \_\_\_\_\_ CT Scanner
- \_\_\_\_\_ PET/CT
- \_\_\_\_\_ SPECT/CT
- \_\_\_\_\_ Mobile Radiographic
- \_\_\_\_\_ Bone Densitometer
- \_\_\_\_\_ Mammographic
- \_\_\_\_\_ Medical Accelerator \*\*
- \_\_\_\_\_ C-arm
- \_\_\_\_\_ Medical Other (Specify)

**DENTAL**

- \_\_\_\_\_ Intra-oral
- \_\_\_\_\_ Portable Intra-oral
- \_\_\_\_\_ Cephalometric
- \_\_\_\_\_ Panoramic
- \_\_\_\_\_ Panoramic/Cephalometric
- \_\_\_\_\_ 3-D CT/Cone Beam CT/Panoramic

**VETERINARY**

- \_\_\_\_\_ Radiographic
- \_\_\_\_\_ Dental
- \_\_\_\_\_ Portable Radiographic
- \_\_\_\_\_ CT Scanner
- \_\_\_\_\_ C-arm

**INDUSTRIAL**

- \_\_\_\_\_ Radiographic
- \_\_\_\_\_ Cabinet/Baggage Inspection
- \_\_\_\_\_ Analytical: Diffraction
- \_\_\_\_\_ Analytical: XRF, SPECT
- \_\_\_\_\_ Analytical XRF Handheld (x-ray tube)
- \_\_\_\_\_ Analytical XRF Handheld (radioactive source)
- \_\_\_\_\_ Fluoroscopic, No Cabinet
- \_\_\_\_\_ Blood Irradiator
- \_\_\_\_\_ Industrial Accelerator \*\*
- \_\_\_\_\_ Gauging
- \_\_\_\_\_ Electron Microscope

**EDUCATIONAL/RESEARCH**

- \_\_\_\_\_ Analytical: Diffraction
- \_\_\_\_\_ Gauging
- \_\_\_\_\_ Radiographic/Fluorographic
- \_\_\_\_\_ Spectrometer/Fluorographic
- \_\_\_\_\_ Cathode Ray Demo
- \_\_\_\_\_ Hi-Voltage/Vacuum
- \_\_\_\_\_ Ion-Implant

**NON-MEDICAL OTHER**

Specify:

\*\*For users of accelerators only – please provide make, model, and energy for each accelerator at your facility. For medical accelerators – provide a copy of the most recent medical physicist survey to [littia.mann@vermont.gov](mailto:littia.mann@vermont.gov).

Vermont state law at 18 V.S.A. 1652 and the Radiological Health Rule require all owners of x-ray equipment to annually register that equipment with the Department of Health and pay the registration fee.

## APPLICANT'S STATEMENT REGARDING CHILD SUPPORT AND TAXES

### Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

1. **You must check one of the statements below regarding child support regardless whether or not you have children:**

- I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.
- I hereby certify that I am NOT in good standing with respect to child support dues as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship.
- I hereby certify that 15 V.S.A. § 795 is not applicable, because this is a business seeking certification.

### Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

2. **You must check one of the two statements below regarding taxes:**

- I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).
- I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship.

Federal Tax ID Number: \_\_\_\_\_ **OR** Social Security # \_\_\_/\_\_\_/\_\_\_

If you don't have a Federal Tax ID number, the disclosure of your social security number is mandatory. It is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

### STATEMENT OF APPLICANT

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Name: \_\_\_\_\_