



New Jersey Department of Environmental Protection
Bureau of X-ray Compliance
Registration Application Information Continued---

Facility ID _____

Registration Number _____

6. MACHINE INFORMATION

Machine Category _____ Fee schedule location: http://www.state.nj.us/dep/rpp/reg/fees.htm

Date Acquired _____ Manufacturer _____

Model Name _____ Model No. _____

Serial No. _____ Tube Insert Serial No. _____

Date Manufactured _____ Location (Room ID) if applicable _____

Max kVp _____ Max mA _____ Max MeV _____ (therapy and industrial units only)

7. IMAGE RECEPTOR (Must check one)

- DR - Digital Radiography
CR/PSP- Computed Radiography/ Photo Stimulable Phosphor
Film - Automatic processing
Film - Manual processing
No film (Industrial x-ray units)

IMPORTANT Do NOT send check with registration application.

You will receive an invoice after the equipment has been registered.

8. SIGNATURE

Print Name (Owner or Responsible Party)

Title

Signature (Owner or Responsible Party)

Date

For Bureau Use Only

Date Received _____

Date Returned _____

Phone: 609-984-5463

Fax: 609-984-5811

Website: www.xray.nj.gov

All registration forms are now two pages. Please complete both pages, sign and send to BXC.