



New Jersey Department of Environmental Protection
Bureau of X-ray Compliance
Radiation-Producing Machine Registration Application

Facility ID _____ Registration Number _____

The Bureau issues the numbers for new facilities and all registrations.

[] New Facility [] Existing Facility-New Machine [] Amended Registration [] We've moved

IMPORTANT: Both pages MUST BE COMPLETED when registering or modifying a machine registration

1. FACILITY INFORMATION (Please print/type all information).

Facility Name _____

Facility Owner/Contact _____

Physical Address _____ Suite # _____

City _____ ST _____ Zip Code+4 _____ County _____

2. BILLING/MAILING ADDRESS (If different from item 1)

Mailing address _____ PO Box _____ Suite # _____

City _____ ST _____ Zip Code+4 _____ County _____

3. OWNER or RESPONSIBLE PARTY

Owner Name _____

First

MI

Last

Title (MD,DDS,DVM, etc)

Mandatory Information: Business Type Check One:

- [] Sole Proprietor [] LLC [] LLP [] INC.
[] Non-Profit, INC. [] PA [] PC [] Other

Phone Number _____ Fax Number _____

Business E-mail _____

4. MOBILE/MOTOR VEHICLE/TRAILER FACILITIES (only for equipment permanently mounted in vehicle)

Vehicle Information: Year _____ Make _____ Model _____

State: _____ Plate # _____ Vin # _____

Please enclose a copy of your vehicle registration.

5. REGULATORY REQUIREMENTS

- 1. The New Jersey Administrative Code (N.J.A.C.) 7:28-3.1(b) requires all owners of x-ray equipment to register equipment within 30 days of acquisition.
2. Please see N.J.A.C. 7:28 et seq. for regulations regarding radiation safety surveys of the environs (www.xray.nj.gov); Rules and Regulations

Registration information continued on page 2.

Mail completed forms to BXC, PO Box 420, Mail Code 25-01, Trenton, New Jersey 08625-0420

or Submit PDF forms to BXC@dep.nj.gov

Phone: 609-984-5463

Fax: 609-984-5811

Website: www.xray.nj.gov

Registration information continued on page 2



New Jersey Department of Environmental Protection
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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.