





[\* office use only]

Reg. Number: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETION OF FORM 1R  
APPLICATION FOR REGISTRATION OF RADIATION MACHINE FACILITIES**

1. Do not write in blanks designated office use only or (date rec'd) on Form 1R. Do not enter any information in the areas for facility type, specialty code or county. This will be completed by the agency upon receipt.
2. Enter information in the Registrant Information section, including the address for the physical location of the radiation producing devices. Please indicate if you have an alternate preferred mailing address for regulatory correspondence and billing. Use the code list below to identify the type of machine. If a machine has more than one xray tube, list the components separately. (e.g. the code RF indicates a machine would be listed once for single tube with dual purpose. A machine would be listed twice if two separate tubes are used for (GP) radiography and (RF) fluoroscopy, respectively).
3. The form must be signed and dated by a responsible party such as the company president, a licensed practitioner of the healing arts, or the radiation safety officer (RSO).
4. Mail the form to: Radiological Health Program, Capitol and Washington Sts., 1 Davis Square, Suite 200, Charleston, WV 25301-1798. Fax copies may be sent, however, the originals must be mailed to complete the registration process. If you have any questions, please contact the Radiological Health Program by calling (304) 558-6770.

GP – General Purpose Radiography	CT – Computerized Tomo	VS – Veterinary Stationary
CX – Dedicated Chest XRay	CR – Computed Radiography	VP – Veterinary Portable
HN – Head and Neck Radiography	DA – Digital Angiography	ID – Intraoral Dental
RF – Radiographic and Fluoroscopy	CS – Cystoscopy	PX – Panoramic Xray
CF – C-arm Fluoroscope	IR – Industrial Radiography	CP – Cephalometric
MX – Mobile Radiographic Unit	IO – Industrial (other)	DO – Dental (other)
MT – Medical Therapy	BM – Bone Mineral Density	HX – High Energy (>150 kVp)
CI – Chiropractic	PD – Podiatry	OT – Other _____

5. **ATTACH PAYMENT OF REGISTRATION / RENEWAL FEE (\$120)**  
 Checks payable to: BPH [ \_\_\_ check enclosed?]

Please note the requirements of the Radiological Health Rules in 64-CSR-23:

*The person possessing each registrable item shall renew such registration with the agency at a date to be specified by the agency not later than within six (6) months of the effective date of this rule and every three years thereafter. Except as provided in Subdivision 5.9.b. the registrant shall notify the agency in writing within ten (10) days after any change which renders the information on registration no longer accurate. In the case of disposition of radiation sources, such notification shall specify the recipient of these sources. The registrant is not required to notify the agency of the use of radiation sources at a temporary location other than the designated storage location, provided the initial registration shows that their use at temporary locations is normal to the conduct of the registrant's operations.*