APPLICATION FOR REGISTRATION OF SERVICES - VENDOR

1. APPLICANT INFORMATION*

| NAME OF COMPANY OR INDIVIDUAL: |
| STREET ADDRESS: |
| CITY: | COUNTY: | STATE: | ZIP CODE: |
| TELEPHONE NUMBER: | FAX NUMBER: |
| EMAIL: (username @ domain.com) |

2. GENERAL INFORMATION FOR SERVICES OR SERVICING PROVIDED (CHECK ALL APPROPRIATE BOXES)

- MACHINE ASSEMBLY, REMOVAL, REPAIR
- MACHINE SALES, LOAN OR LEASE
- FILM PROCESSING/SUPPLIES
- PERSONNEL DOSIMETRY SERVICES
- SURVEY INSTRUMENT CALIBRATION
- RADIOACTIVE SOURCE SERVICES
- OTHER (LIST) ____________________

3. APPLICANT CERTIFICATION

By signing this application, I affirm that I have read and understand the requirements of 64-CSR-23, Sections 5.4, 5.5 and 5.9

I understand that, among other applicable provisions of these regulations,

a. The filing of a radiation machine assembly report with the WV Radiological Health Program is not a substitute for filing a federal (FDA 2579) form or in lieu of other notifications for the location of the installation or removal of a machine;

b. Notification is required in writing within 10 days after any change which renders the information on this application no longer accurate, except upon application for renewal which must be made two weeks prior to expiration three years from the date of registration; and

c. No individual will perform services or servicing which are not specifically stated above on the notification of registration; and

d. No person shall make, sell, lease, transfer, lend or install x-ray equipment or radioactive material sources or auxiliaries and supplies necessary for the safe operation of such equipment unless such supplies and equipment, when placed in operation and use, will meet the requirements of the State of West Virginia Radiological Health Rule (64-CSR-23). Penalties may be assessed for failure to comply with the above regulations may result in modification, suspension or cancellation of registration and/or the imposition of substantial fines.

AUTHORIZED SIGNATURE: ___________________________ Date: ___________________________

*Contact information provided in this form may be made available to the public in order to facilitate access to your services.
APPLICATION FOR REGISTRATION OF SERVICES AND SERVICING - VENDOR

1. Complete RHP Form 3VR by using blue ink and filling in all information requested to include the name of individual or company applying for registration of services or servicing or proposing to offer services in West Virginia.

2. List street address, city, county, state and zip code for mailing any agency- and regulatory-related correspondence.

3. List telephone number(s), fax number and email contact.

4. Identify any and all services to be provided to facilities in West Virginia by checking appropriate categories.

5. If you are applying for services involving the calibration of radiation monitoring devices, the use or testing of radiation producing devices, please list: the type of calibration (radioactive sealed source and leak test results if applicable), the type of radiation monitoring used, dosimetry company and frequency of exchange. For testing radiation machines or monitoring radiation exposures with portable survey equipment: identify the make, model and calibration of the instruments used.

6. If you are applying for sales and/or demonstration of portable radiation producing devices on human subjects: please note that registration is required prior to offering to provide such services and notification for in-State demonstrations should include the type of radiation machine, intended purpose and location. Notice shall be made at least three days prior to using devices under the supervision of a licensed practitioner of the healing arts, with other requirements of 64-CSR-23, Section 5.3 and Section 7, Appendix B not withstanding.

7. Sign and date the application. Keep a copy of your application and mail correspondence to the address below:

   WV Department of Health and Human Resources  
   Bureau for Public Health  
   Office of Environmental Health Services  
   Radiological Health Program  
   Capitol and Washington Streets  
   350 Capitol Street, Room 313  
   Charleston, WV 25301

8. Enclose the registration fee ($120) with your application. Make check/money order payable to WVBPH. (APPLICATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT AND ALL REQUIRED DOCUMENTATION)

9. If you have any questions, please contact the Radiological Health Program at (304) 558-2981 or visit our website:

   http://www.wvdhhr.org/rtia/radiological_health.asp

   The West Virginia Legislature instituted revisions to the Radiological Health Rule in Title 64, CSR Chapter 23. This new Law became effective July 1, 2001 and is available from the Secretary of State’s Office at (304-558-6000) or via the internet at www.wvsos.com, search CSR to find the Radiological Health Rules, 64-23.