



## Application for Registration of Designated Radiation Equipment in the Province of Alberta

Radiation Health  
5308 – 48 Avenue  
Taber, Alberta T1G 1S2  
Registrar Direct Line: (587) 273-1634  
Head Office: (866) 223-9008  
Fax: (403)223-5810  
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A. Reason for Application (check one for each line)

Owner:            New     or    Existing  
 Facility:        New     or    Existing      Renovation      Relocation  
 Equipment:    New     or    Renewal      Modification      Transfer

B. Owner information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_ (if available)

C. Type of Facility (Check one for the type of facility)

Commercial            Entertainment            Massage Therapy  
 Correctional            Government            Physical Therapy  
 Dental Hygiene        Laser Hair Removal      Research  
 Educational            Industrial                Police  
 Non-destructive Testing (NDT)    Other \_\_\_\_\_

D. Facility Information

check if address and name are the same as above

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_ (if available)

E. Equipment Information

Location of equipment within facility: \_\_\_\_\_

Type of equipment

<input type="checkbox"/> XRF Hand Held Portable (NRC certification required)	<input type="checkbox"/> XRF Closed Beam Stationary (Inspection required)
<input type="checkbox"/> Stationary	<input type="checkbox"/> Industrial Radiographic
<input type="checkbox"/> Mobile Radiographic	<input type="checkbox"/> Temporary use until (yyyy/mm/dd)

Manufacturer \_\_\_\_\_

Model Number \_\_\_\_\_

Serial Number \_\_\_\_\_

Manufacture Date \_\_\_\_\_

F. Type of Designated Equipment

**Laser Equipment**

<input type="checkbox"/> Laser Class 3b (IIIb)	Beam path fully enclosed - yes no
<input type="checkbox"/> Laser Class 4 (IV)	Beam path fully enclosed - yes no

**X-ray type equipment**

Group 1 Equipment - Construction and occupancy information must be available for review by an Authorized Radiation Protection Agency for Group 1 equipment.

<input type="checkbox"/> Accelerator (< 1 MeV)	<input type="checkbox"/> Fluoroscopic (XRF)
<input type="checkbox"/> Computed Tomography	<input type="checkbox"/> Stationary Radiographic (including dental)

Group 2 Equipment

<input type="checkbox"/> Baggage Inspection	<input type="checkbox"/> Industrial Radiographic	<input type="checkbox"/> Security (Police Only)
<input type="checkbox"/> Irradiators	<input type="checkbox"/> Diffraction and/or Analytical x-ray	<input type="checkbox"/> Cabinet

G. Authorized Signature \_\_\_\_\_

\_\_\_\_\_ Print Name \_\_\_\_\_ Signature (required)

Date \_\_\_\_\_

*I certify that to the best of my knowledge the information contained in this application is complete and accurate and that this equipment and the radiation facility associated with its use comply with the Radiation Protection Act and Regulation.*