



CABINET FOR HEALTH AND FAMILY SERVICES  
 DEPARTMENT FOR PUBLIC HEALTH  
 Division of Public Health Protection & Safety  
 Radiation Health Branch

**Registration Application for Radiation Producing Machines**

**Registration Action**

|   |                            |
|---|----------------------------|
| <input type="checkbox"/> Initial Registration or Preregistration (No current KY Registration #) |                            |
| <input type="checkbox"/> Existing Facility adding additional Radiation Producing Machine(s)     | Current KY Registration #: |
| <input type="checkbox"/> Existing Facility with Change of Ownership                             | Current KY Registration #: |
| <input type="checkbox"/> Change of Address (Note: shielding plans may need to be refiled)       | Current KY Registration #: |

**Type of Facility**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>In State</b> (Regular use location) | <input type="checkbox"/> <b>Mobile Service</b> (please provide a list of scheduled use dates and locations) | <input type="checkbox"/> <b>Reciprocity</b> (please provide a list of use locations and dates two days prior to use in KY) |
|---|---|--|

**Human Use and Veterinary** (Check all that apply)

|  |   |
|--|---|
| <input type="checkbox"/> Medical           | <input type="checkbox"/> Mammography, If issued a FDA MQSA # please list: |
| <input type="checkbox"/> Hospital          | <input type="checkbox"/> Dental   |
| <input type="checkbox"/> Radiation Therapy | <input type="checkbox"/> Correctional / Prison                            |
| <input type="checkbox"/> Chiropractic      | <input type="checkbox"/> Academic / Research                              |
| <input type="checkbox"/> Podiatry          | <input type="checkbox"/> Other, Please Specify:                           |

**Non-Human Use** (Check all that apply)

|                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Academic   | <input type="checkbox"/> Security               |
| <input type="checkbox"/> Analytical | <input type="checkbox"/> Other, Please Specify: |
| <input type="checkbox"/> Industrial |   |

**Business and Use Address**

|                      |        |        |
|----------------------|--------|--------|
| Legal Business Name: |        |        |
| DBA (if applicable): |        |        |
| Street Address:      |        |        |
| City:                | State: | Zip:   |
| Email:               | Phone: | Phone: |

**Contact** (Person who is an inspection contact and can address billing / registration questions about the machines and their use)

|        |        |
|--------|--------|
| Name:  | Title: |
| Email: | Phone: |

**Radiation Safety Officer**  **Same as contact** \*Please see KAR 100:110 (6) for RSO Responsibilities

|        |        |
|--------|--------|
| Name:  | Title: |
| Email: | Phone: |



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**Billing / Mailing Address**  Same as Business or Use Address (This is where all registrations and renewal invoices will be mailed)

Name:

Street:

City:

State:

Zip:

**Brief Description of Business use of New Radiation Producing Machine(s)** (Use descriptions needed for machines other than traditional Medical /Dental Imaging. Examples: Food processing facility evaluating fill levels, corrections center scanning employees or inmates for contraband)

**Projected date of new operation or use of newly acquired Radiation Producing Machine(s)** Please do not leave this blank, this information is necessary, and you will be invoiced off this date for new facility registrations. If this date needs to be adjusted, email [RPM@ky.gov](mailto:RPM@ky.gov) and reference the registration number issued. If you are already using the machine(s) please indicate date of use.

Estimated date:

**Vendor Information** (This information is for the Company or Individual that sold the Radiation Producing Machine, may be n/a if the Machine is being internally transferred or acquired. If you purchased the machine from another KY Registered Facility, please list the contact information here and their KY Registration # under the Vendor Registration #)

Vendor Name:

Phone:

KY Vendor Registration #:

Expiration Date:

**Instructions**

The following two pages will include separate forms. Please fill out the appropriate form for your facility. Some facilities may utilize both Non-Human Use and Human Use / Veterinary forms. If multiple forms are needed, please make a copy of the appropriate use form. The form will capture the new radiation producing machine(s) information, as well as a current inventory of all radiation producing machines at your facility. The updated inventory will assure that your annual registration fees are approximate after the acquisition or replacement of any new radiation producing machines. For a fee schedule please see 902 KAR 100:12. If you are preregistering your facility and do not have the serial numbers for the machines, please fill out the application with as much detail as you can provide, so we can issue a registration number. You can resubmit the application with the serial numbers and specifics after acquisition and possession of the new machine(s).

Please note many human and veterinary use radiation producing machines may require submission of a shielding plan to the cabinet. The submission of the shielding plan assists in ensuring that the public and operators are not exposed to any unnecessary or unsafe exposures to radiation. Shielding plans need to be submitted and approved by our branch before the use of any machines that require shielding approvals. For prompt processing of shielding plans please submit the shielding plan, shielding cover sheet, the registration # and payment for approval. Please see 902 KAR 100:12 for approval fees and 902 KAR 100:160 for shielding plan requirements. Machines that typically do not require shielding are noted with a \* next to the type on the following Human-use and Veterinary machine registration form. Protection surveys may also be requested in lieu of shielding plans for new technology machines to assure safe conditions for workers and the public.

Hand-held devices also require additional paperwork to be filed to assure their safe use, the branch will reach out with any additional documentation after review of the application.





**Notice**

Please note that completion of this document does not imply approval or disapproval and this not a license.

Please note that all registrations are not complete until any required fees are paid. You will receive a copy of the registration valid for one year in the mail once all required documentation and payments have been made. Please address any email correspondence or phone calls from the branch about any additional documentation or payments that may be required for completion of the registration process.

For more information about registration requirements for Radiation Producing Machines please see 902 KAR 100:110.

Registrations are renewed annually; your facility will be invoiced by the type and number of machines for the registration. Each machine will not receive a separate registration number. All machines at a specific use address will fall under one registration. Please fill out this application for any new radiation producing machine(s) at your facility. Fee schedules can be found under 902 KAR 100:012.

All other radiation related Kentucky regulations may be found listed under 902 KAR 100, <https://apps.legislature.ky.gov/law/kar/titles/902/100/>.

Applications, payments and shielding plans can be mailed to:

Kentucky Department of Public Health  
Radiation Health Branch  
275 East Main St., HS1C-A  
Frankfort, KY 40621  
502-564-3700

Applications can be submitted electronically, and general inquiries or questions about the registration process can contact: [RPM@ky.gov](mailto:RPM@ky.gov)

**Final Signature**

**Most responsible individual:**

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Branch Use Only**

|  |            |
|--|------------|
| Registration #:                          | Inspector: |
| Application Received Date:               |            |
| Shielding plans approved:                |            |
| Application Incomplete due to:           |            |
| Number of machines modified and updated: |            |

