

General Statute 104E-7 (4) requires registration of all x-ray units. Registration fees are due upon registration and annually thereafter on July 1. "Not in Use Units" must be registered – these units remain subject to annual fees. When units have been disposed, use this deleted unit form to update registration.				All Units Delete X-ray Equipment						
1. Registration # (Required)										
Facility Name										
Facility Address				Reason for Deleting						
<input type="checkbox"/> New Facility, Pending Registration		If Checked, submit business application with this document		SENT TO LAND FILL	SALVAGED	SENT OUT OF STATE	TAKEN BY SERVICE COMPANY	SOLD TO ANOTHER DOCTOR OR FACILITY	DONATED TO CHARITY	List recipient under each deleted unit. If multiple units are deleted and the units go to one place, only list information under the first deleted unit
<input type="checkbox"/> Change of Ownership		If Checked, submit business application with this document								
<input type="checkbox"/> Currently Registered & Moved to New Location		If Checked, submit business application with this document								
<input type="checkbox"/> Currently Registered & Updating Equipment Information Only		If Checked, only submit this document								
Unit Location	Unit Manufacturer	Unit Model	Unit Serial Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual/Business:			Phone:	Email:						
Address:			City:	State:			Zip Code:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual/Business:			Phone:	Email:						
Address:			City:	State:			Zip Code:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual/Business:			Phone:	Email:						
Address:			City:	State:			Zip Code:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual/Business:			Phone:	Email:						
Address:			City:	State:			Zip Code:			

2. THE LEGAL OWNER OR AUTHORIZED DESIGNEE MUST SIGN AND CERTIFY ALL INFORMATION CONTAINED WITHIN THIS APPLICATION ACCURATE AND COMPLETE:

Date: _____ Print Name: _____ Signature: _____ Title: _____ Rev. 9/5/2017