Equipment Form - Healing Arts
Therapy
This registration form is for radiation machines used for human / animal use

General Statue 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 delete form to update registration.

1. Registration #: *(REQUIRED)*		**Facility Name:**	
Facility Address:			

- ☐ New Facility, Pending Registration
- ☐ Change of Ownership
- ☐ Currently Registered & Moved to New Location

If Checked, submit business application with this document

- ☐ Currently Registered & Update Equipment Information Only

If Checked, only submit this document

LIST INFORMATION FOR EACH UNIT INCLUDE EACH UNIT NOT IN USE

2. Unit Location	Unit Manufacturer	Unit Model	Unit Control Serial Number	# of Tubes	Install Date	Column (A) Unit Modality	Column (B) Unit Application	Mobile Use	Out of State	Not in Use *(if Checked, review item #2 below)*
								☐	☐	☐
								☐	☐	☐
								☐	☐	☐
								☐	☐	☐
								☐	☐	☐

3. Enter information below if **NOT IN USE** units are stored at a location different from the business address.

Individual/Business:______________________ Phone Number:______________ Email:______________________

Address: ______________________ City: ______________ State: _______ Zip Code: ____________

4. INSTALLER INFORMATION: Any company offering to sell (on-line and catalog) or provide equipment services must be registered with this agency.

Individual/Business: ______________________ Phone Number:______________ Email:______________________

Address:______________________ City: ______________ State: _______ Zip Code: ____________

5. THE LEGAL OWNER OR AUTHORIZED DESIGNEE MUST SIGN to CERTIFY ALL INFORMATION ON THIS APPLICATION IS ACCURATE & COMPLETE:

Date: __________ Print Name: ______________________ Signature: ______________________ Title: ______________________

(A) Modality		(B) Application	
Therapy *(Choose One)*		**Therapy** *(Choose One)*	
1710	CT	**2710**	Simulator
1720	Linear Accelerator	**2720**	kV Imaging
1730	Radiographic	**2730**	Radiosurgery
1740	Fluoroscopy	**2740**	Conventional
1750	PET/CT	**2750**	Therapy
1760	SPECT/CT		
1770	Electronic Brachytherapy		
1780	Superficial Therapy (<150 kVp)		
Unit Not Listed			
9999	**Describe:**		

Submit the completed documents to XrayNORS@dhhs.nc.gov