



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

Radiation Health  
5308 – 48 Avenue  
Taber, Alberta T1G 1S4  
Registrar Direct Line 1-587-273-1634  
Head Office: (866) 223-9008  
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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)

<input type="checkbox"/> Commercial	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Massage Therapy
<input type="checkbox"/> Correctional	<input type="checkbox"/> Government	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Dental Hygiene	<input type="checkbox"/> Laser Hair Removal	<input type="checkbox"/> Research
<input type="checkbox"/> Educational	<input type="checkbox"/> Industrial	<input type="checkbox"/> Police
	<input type="checkbox"/> Non-destructive Testing (NDT)	<input type="checkbox"/> 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 (NRCan 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.*