

## Bureau of Radiological Health Registration for Radiation Machine Service Provider

**Please send the following items:**

- Complete application
- Nonrefundable fee in a check or money order payable to Iowa Health and Human Services (IHHS)

You can also complete the application online at:

**Mailing Address:**

Iowa Department of Health and Human Services  
Bureau of Radiological Health  
Lucas State Office Building  
5th Floor  
321 East 12th Street Des Moines, IA 50319

<https://hhs.iowa.gov/public-health/radiological-health/radiological-health-application-permits>

Customer Support phone: (515) 802-6866 Email: [radhealthia@hhs.iowa.gov](mailto:radhealthia@hhs.iowa.gov)

**FACILITY INFORMATION (Type or print the information below)**

**This is a new address**

Facility Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: Required \_\_\_\_\_  
 Registration Number (XSVC1XXXX): \_\_\_\_\_ EIN/SSN: \_\_\_\_\_  
 This is a new registration       This is a renewal

Registration	Fee (\$)	Month(s)	Total
New/Renewal	200		
<b>Late Registration</b>	25/month		
Final Total Due			

**Registration/Renewal:**  
 Please submit your application approximately **45 days before** your registration expired.  
  
 If your registration is past due, please **add \$25 per month** late fee to the total fees due.

**Organization Representative Contact Information**

*Please Print Legibly*

Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**These questions must be answered by sole proprietor applicants only.**

If you answer, “**Yes**” to any of the questions below (1) attach a signed letter explaining the details of the incident, including date(s), location(s), status, reason, etc. (2) attach a copy of any court ordered evaluations, showing completion & recommendations, and/or (3) attach a letter from a physician or treatment program for any medical condition(s).

**(New)** Do you have...

**(Renewal)** During the previous licensing period, did you develop...

a medical condition, which in any way currently impairs or limits your ability to perform the duties of this profession? Medical Condition means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

- Yes
- No

<p><b>(New)</b> Have you, within the past 5 years...</p> <p><b>(Renewal)</b> During the previous licensing period, did you... engage in illegal or improper use of drugs or other chemical substances?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>(New)</b> Have you ever been...</p> <p><b>(Renewal)</b> During the previous licensing period, were you... convicted of a misdemeanor or felony crime? (You do not need to answer yes if your sole conviction or convictions are for minor traffic violations with fines under \$250). In answering this question, note that a conviction means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. This means you must answer yes if a finding or verdict of guilt was returned against you in a criminal proceeding or if you plead guilty, entered a plea of nolo contendere, or entered an Alford plea in a criminal proceeding, even if the court expunged the matter or the court deferred judgment. You must submit the complaint and judgment of conviction for each offense.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**These questions must be answered by all applicants.**  
If you answer, "Yes" to any of the questions below (1) attach a signed letter explaining the details of the incident, including date(s), location(s), status, reason, etc. and/or (2) attach a copy of any court ordered evaluations, showing completion & recommendations,

<p><b>(New)</b> Has...</p> <p><b>(Renewal)</b> During the previous licensing period, did... any state or other jurisdiction of the United States or any other nation limit, restrict, warn, censure, place on probation, suspend, revoke, or otherwise discipline a professional license, permit, registration, or certification issued to you or your organization?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>(New)</b> Have there ever been...</p> <p><b>(Renewal)</b> During the previous licensing period, were there... judgments or settlements paid on your or your organization behalf as a result of a professional liability case?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>(New)</b> Have you ever had...</p> <p><b>(Renewal)</b> During the previous licensing period, did you have... a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you certify that there have been **no** changes since prior license issuing date, if renewing?  Yes  No

I will insure that employees are properly trained to service or consult on specific equipment prior to providing services.  Yes  No

Our company will be providing equipment demonstrations at facilities located in Iowa.  Yes  No

If yes, please list locations, dates, & times

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**Please select the types of radiation-emitting equipment that you service**

- Dental
- Medical
- Non-Medical or Industrial
- Veterinary

**Please select all services that you provide to facilities in Iowa**

- Calibration of radiation-emitting equipment
- Furnishes or sells radiation-emitting equipment
- Installation of radiation-emitting equipment
- Processor installation or servicing or both
- Radiation protection or health physics consultations and surveys
- Service/repair of radiation-emitting equipment

**Describe the training and / or experience for the services you selected above for all persons performing services for your company. Include documentation if applicable. Required**

Privacy Act Notice: Disclosure of your social security number on this application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8 (1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

**NOTE:** This does not apply to facilities that have obtained an EIN, only to facilities under a Sole Proprietorship. I am authorized to complete this application on behalf of the organization.

As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.

In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application. I understand this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. I have read the Administrative Rules governing this license, permit, registration, or certification and will make employees aware as required and will comply with those provisions.

**Signature of Organizational Representative** \_\_\_\_\_ **Date** \_\_\_\_\_  
Required