ARRA-4
Rev. Sep 2011

ARIZONA RADIATION REGULATORY AGENCY
APPLICATION FOR REGISTERING X-RAY DEVICES

Check appropriate selection and provide registration number if currently registered.		
☐ **New Registrant**	☐ **Registration Renewal**	☐ **Registration Amendment (name, address, and/or ownership changes)**
	For renewals and amendments, provide registration number here.	--- – --- –

Business Name		DBA if different	
Physical Address: location where x-ray devices are utilized	**Street Address**		**Suite Number**
	City	**State** **Arizona**	**Zip Code**
Mailing Address: Or check box if same as: ☐ Physical Address	**Street Address**		**Suite Number**
	City	**State**	**Zip Code**
Billing Address: Or check box if same as: ☐ Physical Address Or ☐ Mailing Address	**Street Address**		**Suite Number**
	City	**State**	**Zip Code**

Contact Name		Contact's Title			
Phone No.		Fax No.		Email	

Check Type of X-Ray Facility

☐	Chiropractic	☐	Dental	☐	Educational	☐	Hospital	☐	Industrial	☐	Medical	☐	Mammography
☐	Podiatry	☐	Veterinary	☐	Other – if other, describe								

Legal Structure of Applicant – Check one and provide the required information		
☐ Individual or Sole Proprietorship	ARS § 1-502 requires applicants in this classification to submit a legible copy of their driver's license and social security card for verification of U.S. citizenship.	
☐ Any Corporation (e.g. LLC, Non-profit, S-Corp., P.C.)	Provide Your Arizona Corporation Commission File Number	File Number
☐ Partnership	You are required to submit an attachment to this application listing the name and address of each individual or legal entity owning a partnership interest and the percent ownership held by each.	
☐ City, County, or State Government	Business name of applicant above must clearly identify the government entity.	

If you completed this application using Adobe Reader, please sign electronically. If you do not have an electronic signature, Adobe will assist you in creating your electronic signature once you place the cursor in the signature field below. Applications completed using Adobe Reader, then printed and signed by hand will also be accepted. Submit with supplemental forms via mail, fax, or email. Applications received without either an electronic or hand signature will not be processed. Mail: ARRA, 4814 South 40th Street, Phoenix, AZ 85040. Fax 602-437-0705. Email: xraywebform@azrra.gov. For questions regarding X-Ray registration, please visit the X-Ray Radiation section of www.azrra.gov. New Registrants will also find there a downloadable fee schedule. Please make check or money order payable to Arizona Radiation Regulatory Agency or A.R.R.A.

Date	**The applicant or any official executing this application on behalf of the applicant certifies that this application has been prepared in accordance with Arizona Administrative Code, Title 12, Chapter 1, and all information contained on this application, including any supplements and attachments, is true and correct to the best of his or her knowledge and belief.**	
Name	**Title**	**Signature**