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APPLICATION AND REGISTRATION OF SERVICING

FIRM _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

INDIVIDUAL IN CHARGE _____

TYPE OF SERVICE

INSTALLATION _____ NEW _____ USED _____ BOTH _____

SERVICE _____

CONSULTATION _____ (SHIELDING-SAFETY SURVEYS-PATIENT DOSE)

SIGNATURE: _____

TITLE: _____

(FOR OFFICE USE ONLY)

NUMBER
DATE
AGENCY DIRECTOR

NOTE:

Arizona law requires that the Registrant re-register with the Agency whenever there is a change in the above information.

STATE
SEAL

THIS FORM WILL BE YOUR REGISTRATION PURSUANT TO AGENCY VALIDATION

www.azrra.gov

OPTIONAL INFORMATION

FILM PROCESSORS: INSTALL_____ SERVICE_____ SOLUTIONS_____

TYPES_____

RADIATION MACHINES SALES NEW EQUIPMENT

MANUFACTURER OR MAKE _____

02/05/09