

**ARIZONA RADIATION REGULATORY AGENCY  
APPLICATION FOR REGISTERING X-RAY RADIATION DEVICES**

Check appropriate selection and provide registration number if currently registered.			
<input type="checkbox"/> <b>New Registrant</b>	<input type="checkbox"/> <b>Registration Renewal</b>	<input type="checkbox"/> <b>Registration Amendment</b> (name, address, and/or ownership changes)	
For renewals and amendments, provide registration number here.			-

Business Name			DBA if different	
Physical Address: location where devices are utilized	Street Address			Suite Number
	City		State	Zip Code
			<b>Arizona</b>	
	Facility Contact Name		Contact's Title	
	Phone No.	Cell No.	Email	
Mailing Address: Or check box if same as: Physical Address <input type="checkbox"/>	Street Address			Suite Number
	City		State	Zip Code
Billing Address: Or check box if same as: Physical Address <input type="checkbox"/> Or Mailing Address <input type="checkbox"/>	Street Address			Suite Number
	City		State	Zip Code
	Billing Contact Name		Contact's Title	
		Phone No.	Cell No.	Email

**Check Type of X-ray Facility**

<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Dental	<input type="checkbox"/> Educational	<input type="checkbox"/> Hospital	<input type="checkbox"/> Industrial	<input type="checkbox"/> Medical	<input type="checkbox"/> Mammography
<input type="checkbox"/> Podiatry	<input type="checkbox"/> Veterinary	<input type="checkbox"/> Therapy (Must Submit ARRA-ET)		<input type="checkbox"/> Other (Specify)		

**Legal Structure of Applicant – Check one and provide the required information**

<input type="checkbox"/> Individual or Sole Proprietorship	ARS § 41-1080 requires applicants in this classification to submit documentation of citizenship or alien status by presenting an AZ driver's license issued after 1996 or another acceptable form of identification. <a href="https://arra.az.gov/xray-facility/x-ray-faq">https://arra.az.gov/xray-facility/x-ray-faq</a> .		
<input type="checkbox"/> Any Corporation (e.g. LLC, Non-profit, S-Corp., P.C.)	Provide your <a href="#">Arizona Corporation Commission File Number</a>	State <b>AZ</b>	File Number
<input type="checkbox"/> 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.		
<input type="checkbox"/> City, County, or State Government	Business name of applicant above must clearly identify the government entity.		

**For questions regarding X-ray registration, please visit the X-ray section of [www.arra.az.gov](http://www.arra.az.gov). New Registrants will also find there a downloadable fee schedule. Please make check or money order payable to Arizona Radiation Regulatory Agency or ARRA.**

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

**A.R.S. §41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice**

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.