

**Arkansas Department of Health
Radiation Control Section
4815 West Markham Mail Slot 30
LITTLE ROCK, ARKANSAS 72205-3867**

TELEPHONE: (501) 661-2378, FAX: (501) 661-2236

**APPLICATION FOR REGISTRATION AS A VENDOR
IN THE STATE OF ARKANSAS**

1. Name:

2. Street Address/P.O. Box/City, State/Zip:

3. This application is for (check one):

- New Registration
 Change in Registration
 Renewal of Registration

4. Telephone Number:

_(_____)_____

5. Radiation Safety Officer/Contract Person Name:

6. Please check the services(s) you will provide to Arkansas Licensees:

a.. **X-Ray Equipment** (except Mammography)

1. Assembly
 2. Installation/Leasing
 3. Servicing, Repair
 4. Calibration of Radiation Machine

= => *See 7.a for additional items to complete registration*

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APPLICATION FOR REGISTRATION AS A VENDOR IN
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6.b. Mammography

1. Installation, Servicing, Repair
= => See 7.b1 for additional items to complete registration
2. Physics Support
= => See 7.b2 for additional items to complete registration

7. Items Needed to Complete Registration

a X-Ray Equipment (except Mammography). To provide service under this category, please submit:

1. Resume/Curriculum Vitae
2. Training Certificates
3. On-the-job Training documentation

b. Mammography

1. To provide installation, servicing, repair: same as 7.a above
2. To provide physics support, please submit:
 - A. Resume/Curriculum vitae
 - B. Documentation of two (2) years; mammography-specific experience
 - C. Photocopies of mammography-specific continuing education to date

8. Appropriate registration fee should be submitted at the time of application.
[\$65 (sixty-five dollars) per calendar year.]

9. Certification

I certify that above information is true and correct to the best of my knowledge.

Signature of Applicant
Or Certifying Officer

Typed or Printed Name

Title or Position

Date