

**Arkansas Department of Health
Radiation Control**

Telephone: (501) 661-2301

Fax: (501) 280-4993

Registration Number: _____ Registrant's Telephone #: _____ Contact: _____

Registrant Name: _____

Street Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Please check appropriate box:

- The following x-ray unit(s) has been placed in storage. ADH, Radiation Control, will be notified of any change in this status.
- The following x-ray unit(s) was returned to the installer, _____
- The following x-ray unit(s) was exchanged for new equipment from the installer.
- The following x-ray unit(s) was inoperable or beyond repair and were deactivated or disposed of.
- The following x-ray unit(s) were sold or donated to the following: (name, address, telephone number of new owner)

- Other, please explain: _____

Equipment Manufacturer Model Number Serial Number number of x-ray tubes

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature and title

please print or type name

date changes effective

Please complete this form and fax it to (501) 280-4993 or mail it to, Arkansas Department of Health 4815 West Markham, Mail Slot# 30, Little Rock, AR 72205-3867.

If you have any questions or comments, please contact Radiation Control at (501) 661-2301. It is important that the information we have for your facility is accurate, and that all changes in equipment or billing status are received in writing.