



**RADIATION MACHINE  
NOTICE OF ENTRY**

Registration number - \_\_\_\_\_  
(to be assigned by ADH)

RH-57 of the ASBH Rules and Regulations for Control of Sources of Ionizing Radiation states that whenever any radiation machine is brought into the state of any **temporary use**, the persons proposing to bring such a machine into the state shall give written notice to the Department at least two (2) days before the machine enters the state. *This includes radiation machines that are brought into the state for demonstration purposes.*

**X-RAY RECIPROCITY FEE:**

In accordance with RH-58, the following fee shall be paid for all x-ray units per calendar year:

**\$65.00 per tube, up to a maximum of \$260.00**

**The appropriate fee must be included with the Notice of Entry (check or money order) and cannot be approved until payment is received.** NOTE: If the same unit has already been brought into the state for the current calendar year, no fee is required. If a different unit will be brought into the state, an additional \$65.00 must be paid for each different unit, up to a maximum of \$260.00 (4 units).

Annual invoices will not be mailed out. Regardless of the entry date(s), your registration will expire December 31<sup>st</sup> of each year. If a unit is brought into the state the following calendar year, the appropriate fee must be submitted.

Please print all entries and mail to the **Arkansas Department of Health, Radiation Control Section, X-ray Program, 4815 West Markham Street, Slot 30, Little Rock, Arkansas, 72205-3867**. If the required fee has already been submitted for the calendar year, this Notice of Entry can be faxed to (501) 280-4993 . For questions, call the X-ray Program at (501) 661-2378.

**Name of Company:**  
(Bringing in the x-ray unit)

**Name of Contact Person:**

**Facility Billing Address:**  
(Of company bringing in unit)

**Telephone Number:**  
**E-mail:**

**Type of Unit:**

- Analytical
- C-Arm
- Cabinet Radiography
- Dental
- Industrial
- Mobile (Radiographic units used for healing arts)
- Veterinary
- Other units (those not listed above)

**Name of Facility:**  
(Where unit will be used)

**Physical Address:**

**Begin Date:**

**Duration:**

**Control Panel Manufacturer:**

**Control Panel Model Name and No.**