

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Baltimore Maryland 21230
(410) 537-3193 • 1-800-633-6101 • Fax: (410) 537-3198 • www.mde.maryland.gov

APPLICATION FOR REGISTRATION OF BUSINESS PROVIDING SERVICES OR SERVICING

1. APPLICANT INFORMATION

NAME OF COMPANY		
STREET ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	E-MAIL _____ FEDERAL TAX ID OR SSN _____
NEW APPLICATION Yes <input type="checkbox"/> No <input type="checkbox"/>		
RENEWAL APPLICATION Yes <input type="checkbox"/> No <input type="checkbox"/> REGISTRATION NUMBER _____		
Privacy Act Notice: This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. § 552a. Disclosure of your Social Security or Federal Tax Identification on this form is mandatory pursuant to the provisions of § 1-203 (2003) of Environment Article, <u>Annotated Code of Maryland</u> , which requires MDE to verify that an applicant for a permit or license has paid all undisputed taxes and unemployment insurance. Social Security and Federal Tax Identification Nos. will not be used for any purposes other than those described in this Notice.		

2. GENERAL INFORMATION

SERVICES OR SERVICING PROVIDED (CHECK APPROPRIATE BOXES)		
<input type="checkbox"/> ASSEMBLY, REMOVAL	<input type="checkbox"/> SALES OR DEMONSTRATION	<input type="checkbox"/> MACHINE LOAN OR LEASE
<input type="checkbox"/> MACHINE REPAIR	<input type="checkbox"/> FILM PROCESSING/SUPPLIES	<input type="checkbox"/> PERSONNEL MONITORING
<input type="checkbox"/> MACHINE CALIBRATION	<input type="checkbox"/> HEALTH PHYSICS CONSULTING	<input type="checkbox"/> SHIELDING DESIGN
<input type="checkbox"/> PREVENTIVE MAINTENANCE	<input type="checkbox"/> OTHER (LIST) _____	
What type of facilities do you service? (i.e. veterinary, dental, podiatry, etc.) List here: _____		
Does applicant wish to be placed on a list of Registered Service Providers available for hire? <input type="checkbox"/> Yes <input type="checkbox"/> No		

3. APPLICANT CERTIFICATION

By signing this application, I affirm that I have read and understood the requirements of Maryland Law COMAR 26.12.01.01B.4-B.12. I understand that, among other applicable provisions of these regulations,		
a. The filing of a radiation machine assembly report with the Department or the Federal Government does not substitute for the facility owner applying for registration of the facility under COMAR 26.12.01.01B.4;		
b. Persons moving radiation machines shall comply with Section B.12 "Assembler and or Transfer or Service Obligation." I recognize that Maryland law, unlike Federal law, requires persons to notify the State of the sale, lease, transfer, loan, or disposal of any radiation machine in addition to the assembly of new ones; and		
c. To comply with paragraph b. above, a person must use a State form or State approved alternate. The Federal form FDA 2579 will not meet the requirements of the Maryland law.		
d. All service and PM technicians who initiate exposures during testing, calibration, or repair of a radiation producing machine are considered occupationally exposed Radiation Workers and as such are required to wear film badges at all times. Badges are to be worn at the collar. Monitoring of film badge reports is required. Random compliance audits will take place. (See COMAR 26.12.01.01D.502.)		
PRINTED NAME	SIGNATURE	DATE

MDE USE ONLY: Approval Date _____ Initials _____ EXPIRATION DATE: _____

