



# MARYLAND DEPARTMENT OF THE ENVIRONMENT

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

MDE RX3

Facility Registration Number   -     Date \_\_\_\_\_

## APPLICATION FOR CERTIFIED REGISTRATION OF PARTICLE ACCELERATOR PURSUANT TO REGULATIONS GOVERNING RADIATION PROTECTION 26.12.01

<p>1.(a) _____ Registrant Name</p> <p>_____ Address Phone No. _____</p> <p>_____ City State Zip Code</p> <p>1.(b) Registrant is: An individual <input type="checkbox"/> A partnership <input type="checkbox"/> A corporation <input type="checkbox"/> An unincorporated association <input type="checkbox"/> Other <input type="checkbox"/> Federal Tax I.D. No. _____</p>	<p>2. This application is a. Initial <input type="checkbox"/> b. Renewal <input type="checkbox"/> c. Amendment <input type="checkbox"/> Give current registration number _____</p> <p>3. Location of the unit (or where stored if a mobile unit): _____ Address _____ City State Zip Code</p>
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**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, Annotated Code of Maryland, 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.

4. Particle Accelerator Information

A. Type of Accelerator and Manufacturer	B. Peak kV or MeV	C. Year and Model	D. Type of Radiation	E. Maximum Intensity	F. Purpose or use
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5.	The following information is attached and is part of this application:	Attached	Not Applicable*	Date Submitted
	a. Overall description of radiation safety program			_____
	b. Description of facility:			
	1) Architectural plans			_____
	2) Circuit diagram of safety systems			_____
	c. Description of radiation detection instruments			_____
	d. Instrument calibration procedure and frequency			_____
	e. Personnel monitoring equipment and frequency			_____
	f. Operating and emergency procedures			_____
	g. Training program			_____
	h. Internal inspection system or other management control			_____
	i. Radiation safety committee and radiation safety officer			_____
	j. Training and experience of operators			_____
	k. For healing arts application, the training and experience of physician users			_____
	l. Shielding survey (plan review and area survey)			_____

\*Document previously submitted is still correct.

(continued on reverse)





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6. Are radioactive materials produced incidentally by operation of the machine?                      yes                      no

7. Signatures

a. Chief Executive Officer (CEO) for registrant named in 1.(a)

Name	Title	Signature	Date

b. Radiation Safety Officer (RSO) responsible for implementation of the overall radiation safety program (item 5.a)

Name	Signature	Date

