STATE OF NEW YORK – DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH
RADIOLOGICAL HEALTH UNIT
Building # 12, Room 169
State Office Campus
Albany, New York 12240

FOR OFFICAL USE ONLY
Registration No.
Date Registered

REGISTRATION OF GENERALLY LICENSED RADIATIION DEVICES*

1. Name of Firm

2. Address of Firm **Zip Code** **County** **Telephone No.**

3. Address of installation where device will be used (If Different) **Zip Code** **County** **Telephone No.**

4. Are the sources now being reported part of an installation previously registered with the State of New York

☐ **No** ☐ **Yes**

If yes, What is the registration number issued to your firm? _____

5. Description of devices. Please list each source separately. (List additional devices on back)

Quantity	Device: Manufacturer, Model and Serial Number of each Device	Sources: Manufacturer, Model Number, Isotope and Activity of Source in each Device	Purpose or Use

6. Person Responsible for Radiation Safety at this Installation and at Mobile Sites

Name and Title **Telephone No.**

7. I hereby certify that the information contained on this form is true and correct to the. best of my knowledge and belief and that any changes to this information will be reported within Thirty (30) days

Name (Print or Type) Title

Signature **Date**

FOR OFFICE USE ONLY
Validation Stamp

List Additional Devices Here Firm Name/Registration No. ______________________________

Quantity	Device: Manufacturer, Model and Serial Number of each Device	Sources: Manufacturer, Model Number, Isotope and Activity of Source in each Device	Purpose or Use

***No Portable Devices (i.e. devices used outside of a fixed installation) can be acquired under a General License in New York State**