



Radiation Control, X-ray Unit
 625 North Robert Street
 P.O. Box 64975
 St. Paul, MN 55164-0975
 651-201-4545
 www.health.state.mn.us/xray

X-ray Machine Equipment Transfer

A. TRANSFER TO (New location of transferred equipment)

Facility Name:	Registration Number:
Federal Tax Id Number:	State Tax Id Number:
Facility Address:	Facility Phone Number:
Facility Email Address:	Facility Fax Number:
Facility Administrator:	Administrator Phone Number:
Facility Radiation Safety Officer (RSO):	RSO Phone Number:

B. TRANSFER FROM (Old location of transferred equipment)

Facility Name:	Registration Number:
Facility Address:	Facility Phone Number:

C. CONSOLE Information

Console Type:	Model Name/Number:
Serial Number:	Console Location at OLD Facility:
Max kVp:	Console Location at NEW Facility:
Max mA or mAs:	Tube Type:
Tube Manufacturer:	Tube Head Serial Number:
Registration Current? <input type="checkbox"/> yes <input type="checkbox"/> *no *If registration for this piece of equipment has not been paid within the last 6 months, please fill out the Additional Registration form and pay applicable fees.	Last Registration Date:

D. Signature

I understand the applicable requirements of Minnesota Rules, Chapter 4732, Ionizing Radiation. The information provided in this form is true and complete. I will notify the Minnesota Department of Health, Radiation Control Unit, immediately of any additional changes.

Applicant's Signature _____ Date _____

BEFORE MAILING THE APPLICATION, BE SURE TO:

- Fill out all applicable sections of the application.
- Sign and date the application.

FAX TO: RADIATION CONTROL
 (651) 201-4606

MAIL TO: MN DEPARTMENT OF HEALTH
 RADIATION CONTROL
 625 ROBERT STREET NORTH
 P.O. BOX 64975
 ST. PAUL, MN 55164-0975