



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

Change in Facility Information for X-ray Machine or Devices Registrant

A. General Information (Please select one of the following types)

<input type="checkbox"/> Facility Name Change <input type="checkbox"/> Address Change (Due to Move) <input type="checkbox"/> Administrator Change <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Radiation Safety Officer Change <input type="checkbox"/> Sold Practice Date of Sale _____ <input type="checkbox"/> Tax Id Number
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B. OLD Information

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

C. NEW Information

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

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.

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

FAX TO: RADIATION CONTROL
 (651) 201-4606