



Application for Registration of Designated Radiation Equipment in the Province of Alberta

Radiation Health
5308 – 48 Avenue
Taber, Alberta T1G 1S2
Registrar Direct Line: (587) 273-1634
Head Office: (866) 223-9008
Fax: (403)223-5810
Email: radiation@aasp.ca

A. Reason for Application (check one for each line)

Owner: New or Existing
 Facility: New or Existing Renovation Relocation
 Equipment: New or Renewal Modification Transfer

B. Owner information

Name _____
 Address _____
 City _____ Postal Code _____
 Telephone _____ Fax _____
 Email _____ (if available)

C. Type of Facility (Check one for the type of facility)

Commercial Entertainment Massage Therapy
 Correctional Government Physical Therapy
 Dental Hygiene Laser Hair Removal Research
 Educational Industrial Police
 Non-destructive Testing (NDT) Other _____

D. Facility Information

check if address and name are the same as above

Name _____
 Address _____
 City _____ Postal Code _____
 Contact Name _____
 Telephone _____ Fax _____
 Email _____ (if available)

E. Equipment Information

Location of equipment within facility: _____

Type of equipment

<input type="checkbox"/> XRF Hand Held Portable (NRCan certification required)	<input type="checkbox"/> XRF Closed Beam Stationary (Inspection required)
<input type="checkbox"/> Stationary	<input type="checkbox"/> Industrial Radiographic
<input type="checkbox"/> Mobile Radiographic	<input type="checkbox"/> Temporary use until (yyyy/mm/dd)

Manufacturer _____

Model Number _____

Serial Number _____

Manufacture Date _____

F. Type of Designated Equipment

Laser Equipment

<input type="checkbox"/> Laser Class 3b (IIIb)	Beam path fully enclosed - yes no
<input type="checkbox"/> Laser Class 4 (IV)	Beam path fully enclosed - yes no

X-ray type equipment

Group 1 Equipment - Construction and occupancy information must be available for review by an Authorized Radiation Protection Agency for Group 1 equipment.

<input type="checkbox"/> Accelerator (< 1 MeV)	<input type="checkbox"/> Fluoroscopic (XRF)
<input type="checkbox"/> Computed Tomography	<input type="checkbox"/> Stationary Radiographic (including dental)

Group 2 Equipment

<input type="checkbox"/> Baggage Inspection	<input type="checkbox"/> Industrial Radiographic	<input type="checkbox"/> Security (Police Only)
<input type="checkbox"/> Irradiators	<input type="checkbox"/> Diffraction and/or Analytical x-ray	<input type="checkbox"/> Cabinet

G. Authorized Signature _____

Print Name

Signature (required)

Date _____

I certify that to the best of my knowledge the information contained in this application is complete and accurate and that this equipment and the radiation facility associated with its use comply with the Radiation Protection Act and Regulation.