



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

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

### Reason for Application (check one for each line)

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

### Employer Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Email(s): \_\_\_\_\_

### Type of Facility (check one)

Commercial                       Industrial/Manufacturing       Industrial Radiographic  
 Research                               Education                               Entertainment  
 Government                       Correctional                               Security/Police  
 Physical Therapy                       Dental Hygiene                               Tattoo Removal  
 Laser/Massage Therapy                       Laser Hair Removal/Medi Spa  
 NDT (Non Destructive Testing)

### Facility Information/Company Name - MUST be completed if not the same as Employer

check ***only*** if “facility name” & “address” are same as above

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code \_\_\_\_\_

**Company Email (NOT specific to an employee)** \_\_\_\_\_

Business Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**EQUIPMENT INFORMATION:**

Location of equipment within the facility: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Serial Number - System: \_\_\_\_\_

Serial Number – Tube (if applicable): \_\_\_\_\_

Manufacturer Date: \_\_\_\_\_

**Type of Equipment**

- XRF Hand Held Portable - PMI (NRCan Certification Required)
- XRF Closed Beam Stationary (Inspection Required)
- LIBS Hand Held Laser (Laser Safety Training Certification Required)
- Mobile Radiographic
- Industrial Radiographic
- Stationary
- Class 3b Laser – Beam path fully enclosed -  Yes  No - Inspection Required
- Class 4 Laser - Beam path fully enclosed -  Yes  No - Inspection Required

**X-Ray Equipment Classification** (Inspections Required)

Group 1 Equipment

Construction & occupancy information must be available for review by an Authorized Radiation Protection Inspection Agency

- Fluoroscopic (XRF)
- Stationary Radiographic (Including Dental)
- Computed Tomography
- Accelerator (<1 MeV)

Group 2 Equipment

- Baggage Inspection
- Cabinet X-ray
- Analytical X-ray &/or Diffraction
- Industrial Radiographic Company has Code of Practice
- Industrial Radiographic Company **DOES NOT HAVE Code of Practice**

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

Authorized Signature: \_\_\_\_\_

Print Name

Signature (required)

Date: \_\_\_\_\_