



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

Appendix D1

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

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/Owner Information

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

Type of Facility (check one)

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

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

☐ check **only** if “COMPANY NAME” & “address” are same as Employer Information 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

- ☐ Class 4 Laser
- ☐ Class 3b Laser
- ☐ Class 3b Laser – LIBS Hand Held
- ☐ Dental Laser
- ☐ Dental – Intra Oral X-ray
- ☐ Panoramic X-ray
- ☐ Hand Held Portable XRF/PMI
- ☐ Industrial Radiographic Tube
- ☐ Bench Top XRF
- ☐ Cabinet X-ray
- ☐ Baggage X-ray
- ☐ Analytical X-ray
- ☐ CT Scanner
- ☐ C-Arm Fluoroscope
- ☐ Whole Body Scanner
- ☐ Other

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 _____ *Date* _____