



Business Registration
X-Ray Equipment Services

\*\*\*\*\*DEPARTMENT USE ONLY\*\*\*\*\*
Registration # \_\_\_\_\_ Date of Approval \_\_\_\_\_ Check # \_\_\_\_\_ Date Received \_\_\_\_\_
\*\*\*\*\*

Section I: ADMINISTRATIVE INFORMATION Type or print clearly

Business Name: \_\_\_\_\_
Physical Address: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_
Business Website: \_\_\_\_\_ Email Address: \_\_\_\_\_
Owner(s) of Business: \_\_\_\_\_
Owner(s) Telephone: ( ) \_\_\_\_\_ Owner(s) Email Address: \_\_\_\_\_
\*Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_
Contact Address: \_\_\_\_\_
Contact Telephone: ( ) \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

\*Contact Person will be listed on our website

Section II: DESCRIPTION OF SERVICES TO BE PROVIDED
Vendor Class (Mark all that apply and specify equipment types)

Purpose for Request

- Class I Direct sale and transfer of radiation machines and machine components to end user.
Specify equipment type(s): \_\_\_\_\_
Class II-A Installation and assembly of radiation machines and associated machine components.
Specify equipment type(s): \_\_\_\_\_
Class II-B Servicing of radiation machines and associated machine components.
Specify equipment type(s): \_\_\_\_\_
Class II-C Perform "Equipment Performance Tests" as outlined in RHB 4.2.16. Refer to Appendix F.
Specify equipment type(s): \_\_\_\_\_
Class III Non-therapeutic healing arts facility shielding design and area radiation survey (e.g., shielding evaluation).
Class IV Non-healing arts facility shielding design and area radiation survey (e.g., shielding evaluation).
Class VI Radiation instrument calibration.
Class VII Therapeutic facility and shielding design, area radiation surveys, or calibration.
Class VIII General health physics (non-healing arts), e.g., independent diagnostic radiation output measurements, dose analysis, design of safety programs and radiation safety training programs, facility and shielding design, area radiation surveys, and acting as the radiation safety officer.

**Section II continued...**

- \_\_\_\_ Class IX General health physics consulting (healing arts), e.g., independent diagnostic radiation output measurement, dose analysis, design of safety programs and radiation safety training programs, facility and shielding design, area radiation surveys, and acting as the radiation safety officer.
- \_\_\_\_ Mammography Services – Facility surveys, shielding design, area radiation surveys, or calibrations.

**Section III: EMPLOYEE QUALIFICATIONS**

Each person providing services must be qualified by reason of education, training and experience to provide the service for which registration is requested. Competence must be documented and submitted for approval as directed by form DHEC 0825 *Employee Registration: X-Ray Equipment Services*. A completed form DHEC 0825 must be submitted for each person requesting to provide services as a representative of the business applying for registration.

**Section IV: SUPPLEMENTAL DOCUMENTATION**

**ENCLOSE THE FOLLOWING ITEMS WITH THIS FORM** (Check item(s) enclosed):

- \_\_\_\_ 1. Vendor Application Fee- \$62.50 (*non-refundable*)
- \_\_\_\_ 2. A sample of a shielding plan if registering as Class III, Class IV, Class VII, Class VIII, or Class IX Vendor.
- \_\_\_\_ 3. A sample area survey if registering as a Class III, Class IV, Class VII, Class VIII, or Class IX Vendor.
- \_\_\_\_ 4. A sample of survey procedures and survey forms if registering as a Class III, Class IV, Class VII, Class VIII, Class IX, or Mammography Vendor.
- \_\_\_\_ 5. A sample of equipment performance test forms and procedures that will be used for each unit type if registering as a Class II-C Equipment Performance Test, Class IX, or Mammography Vendor.
- \_\_\_\_ 6. A completed form DHEC 0825 *Employee Registration: X-Ray Equipment Services* for **each** employee to include self-employed individuals.

Incomplete applications will **not** be processed in full. A complete application includes this form (DHEC 0824) filled out in its entirety accompanied by all applicable items listed in *Section IV* of this form. Failure to provide a complete application will result in significant delays in registration approval.

**Section V: CERTIFICATION STATEMENT AND SIGNATURE**

I, the undersigned, certify to the following:

- This form has been completed by, or on behalf of, the individual responsible for the business applying for registration.
- All information contained in this application is accurate and factual.
- Any changes affecting the information provided on this application will be reported to the Department in writing within thirty (30) days.
- I have read and understand Section 1.12 of *Regulation 61-64, X-rays (Title B)* which states "It shall be unlawful to make a material false statement to the Department regarding information contained in the application for registration, information pertaining to an inspection, or any other information required by any provision of these regulations." I understand making a material false statement will result in enforcement action and civil penalties.

Name (print or type): \_\_\_\_\_ Title: \_\_\_\_\_

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

**BUREAU CONTACT INFORMATION**

S.C. DHEC-Vendor Registration  
Bureau of Radiological Health  
2600 Bull Street  
Columbia, SC 29201  
Telephone (803) 545-4400 Fax (803) 545-4412  
Email [XRayVendors@dhec.sc.gov](mailto:XRayVendors@dhec.sc.gov)  
[www.scdhec.gov](http://www.scdhec.gov)



## BUSINESS REGISTRATION X-RAY EQUIPMENT SERVICES

### PURPOSE

This form is for registering a business that provides services for and to x-ray producing machines. Every business that provides services for and to x-ray producing machines shall register with the Department via completion and review of this form.

### ITEM BY ITEM INSTRUCTIONS:

#### **Section I:**

Business Name - This refers to the official name of the business applying to register with the Department.

Physical Address - Provide the address where the company is physically located.

Mailing Address - Provide the mailing address if different from the physical address.

Telephone – Provide telephone number.

Fax- Provide the fax number.

Business Website – Provide website.

Email address - Business email address.

Owner(s) of Business - Provide the name of the person(s) that owns the business.

Owner(s) Telephone/Owner(s) Email – List the telephone # and email address for the owner(s) provided.

Contact Person - Provide the name of the person that will act as a point of contact on behalf of the business.

Title - Provide the official title of the contact person listed.

Contact Address/Telephone/Contact Email - List the address, telephone #, and email address for the contact person.

#### **Section II:**

Purpose for request - Put an "X" or "✓" beside each vendor Class that applies. You must mark all that apply, as this is how your company will be listed on the vendor list that is available to the x-ray facility registrants.

Specify equipment type(s) - List all types of equipment types, which your company will be providing services for (e.g., Radiographic, Dental, Dental CT, Fluoroscopic, Industrial, Mammography, CT, etc.).

#### **Section IV:**

Enclose the following items with this form - Indicate by checking the items enclosed with this form.

#### **Section V:**

Name (print or type) - To be completed by the responsible individual for the business.

Title – Job title.

Signature – Sign.

Date – Provide date.

#### **OFFICE MECHANICS AND FILING**

After completion, the form is maintained in the business's file and is disposed of according to the retention schedule.