



\*\*\*\*\***DEPARTMENT USE ONLY**\*\*\*\*\*  
 Registration # \_\_\_\_\_ Date of Approval \_\_\_\_\_ Date Received \_\_\_\_\_  
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**Section I: ADMINISTRATIVE INFORMATION** Type or print clearly

Employee Name: \_\_\_\_\_

Vendor Class: \_\_\_\_\_ Specify Equipment Type(s) \_\_\_\_\_

Business Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

**If different from business registration:**

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Section II: EDUCATION, TRAINING, AND EXPERIENCE REQUIREMENTS**  
 (Refer to RHB 2.7.6 for requirements)

**EDUCATION**

<i>Degree/Certificate</i>	<i>School(s)</i>	<i>Date Completed</i>

**TRAINING**

(Attach supporting documentation clarifying course content as necessary)

<i>Course Description</i>	<i>Date Completed</i>

**Certifications**


**EXPERIENCE AND EMPLOYMENT HISTORY**

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**Section III: CERTIFICATION STATEMENT AND SIGNATURE**

I, the undersigned, certify to the following:

- This form has been completed by, or on behalf of, the employee 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.
- I have read and understand South Carolina Regulation 61-64, X-Rays (Title B) and will comply with this regulation and all company procedures.

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

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

**Section IV: SUPERVISOR CERTIFICATION STATEMENT AND SIGNATURE**  
(Self-employed individuals must also complete this section)

I, the undersigned, hereby certify the above signed is qualified by reason of education, training, and experience as required by **RHB 2.7.6** to provide services as a registered Class \_\_\_\_\_ Vendor.

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

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

**BUREAU CONTACT INFORMATION**

SCDES-Vendor Registration  
Bureau of Radiological Health  
2600 Bull Street  
Columbia, SC 29201  
Telephone (803) 545-4400 Fax (803) 545-4412  
Email [XRayVendors@des.sc.gov](mailto:XRayVendors@des.sc.gov)  
des.sc.gov



## EMPLOYEE REGISTRATION X-RAY EQUIPMENT SERVICES

### PURPOSE

This form is for registering an employee of a business that provides services for and to x-ray producing machines. Every employee 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:**

Employee Name - This refers to the name of the individual applying to operate as an employee of the registered business.

Vendor Class – Provide the vendor class applying for.

Specify Equipment Types – Provide the types of equipment the applicant will be servicing.

Business Name - This refers to the official name of the business applying for registration or currently registered a Vendor.

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 fax number.

Email address - Employee's email address.

#### **Section II:**

Education - List certificates and degrees earned by means of a formal education. Include the name of the institution from which the certificate or degree was earned and the date it was awarded.

Training – Give a description of formal training received and the date the training was completed.  
List any certifications earned.

Experience and Employment History - Give a description of your experience and employment history as it relates to the requirements of the Vendor class for which you are applying.

#### **Section III:**

Name (print or type) - To be completed by the individual applying to operate as an employee of the registered business.

Title – Job Title.

Signature – Sign

Date – Date of signature.

#### **Section IV:**

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

Title – Job title.

Signature – Supervisor Sign.

Date – Date of signature.

### **OFFICE MECHANICS AND FILING**

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