

Bureau of Radiation Control

Directions: Complete this form to register one (1) nonionizing radiation machine. Multiple machines will require the completion of one form for each machine. If you are adding/removing unit(s) to/from your existing registration, the submission of this form alone is sufficient and no payment is required. Submit to NONION@AZDHS.GOV. If you are applying for a new registration, visit our website for additional requirements. Incomplete submissions will be returned.

Section 1. Registration Information

Registration Number		or <input type="checkbox"/> Part of Application for NEW facility
Current amendment number		

Section 2. Facility Information (Where the unit will be/is primarily located)

Facility Name	
Street Address	
City, State, Zip	
Email & Phone	

Section 3. Action Type (select ONE)

<input type="checkbox"/> Add Unit	<input type="checkbox"/> Remove Unit	<input type="checkbox"/> Replace Unit
<input type="checkbox"/> Rental/Demo Unit Dates you will be in possession of unit:		

Section 4. Equipment Information (unit you are adding to your registration)

Manufacturer	
Model	
Unit purchased from (person/bus. name)	
Vendor/Individual contact (email/phone)	

Section 5. Equipment Type (unit you are adding to your registration)

<input type="checkbox"/> Cosmetic Laser <input type="checkbox"/> Cosmetic RF <input type="checkbox"/> Cosmetic IPL <input type="checkbox"/> Other: _____	<input type="checkbox"/> Medical Laser (Includes Chiro., Pod., & Ophthalm.) <input type="checkbox"/> Medical RF/EC/Diathermy <input type="checkbox"/> Medical IPL <input type="checkbox"/> Dental Laser <input type="checkbox"/> Veterinary Laser:	<input type="checkbox"/> Industrial Laser <input type="checkbox"/> Industrial RF <input type="checkbox"/> Laser Light Show <input type="checkbox"/> Tanning <input type="checkbox"/> Laser Projector <input type="checkbox"/> Microwave
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Section 6. Unit Removal ONLY

Note: If you are removing/replacing a unit on your registration, complete this section. If you are only adding a unit, select "N/A" and proceed to section 7.		<input type="checkbox"/> Not Applicable (N/A)
Unit/Line Number		
Manufacturer		
Model		
What happened to removed unit?	<input type="checkbox"/> Disabled (storage) <input type="checkbox"/> Trash/Disposal <input type="checkbox"/> Taken by Installer <input type="checkbox"/> Transferred Ownership To:	

Section 7. Registration Representative Submitting this Form

Full Name (print)	
Date	