

**Directions:** Complete sections 1-6 below ELECTRONICALLY. Submit "New Facility Registration" applications via physical mail to 4814 S. 40<sup>th</sup> Street, Phoenix, AZ 85040, Attn: X-Ray Compliance. Submit "Amendment" and "Renewal" applications to [XRAY@AZDHS.GOV](mailto:XRAY@AZDHS.GOV). Include all attachments requested. This form is used for new x-ray facility applications, renewals, and to report any amendments to the information contained below. Incomplete submissions will be returned.

**Section 1. Application Action**

New Facility Registration     Registration Info/Inventory Amendment     Registration Renewal (Every 10 yrs)

<b>Registration Number:</b> <i>(leave blank if new)</i>	<b>Amendment Description:</b> <i>(if applicable)</i>
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**Section 2. Facility Entity and Contact Information**

**Legal Business Name** *(must match Sec. 3 EXACTLY)*

**Doing Business As "DBA" Name** *(if different)*

<b>FULL Physical Address</b>	Street	City	State	Zip
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<b>Most Responsible Individual</b>	Full Name, Title	Office Ph.	
	Email	Cell Ph.	

<b>FULL Billing Address</b>	<input type="checkbox"/> Same as Physical <input type="checkbox"/> Same as Mailing    OR:	Street	City	State	Zip
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<b>Billing Contact</b>	Full Name, Title	Office Ph.	
	Email	Cell Ph.	

<b>FULL Mailing Address</b>	<input type="checkbox"/> Same as Physical <input type="checkbox"/> Same as Billing    OR:	Street	City	State	Zip
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**Section 3. Legal Structure (select the legal structure of your organization)**

<input type="checkbox"/> <b>Corporation</b> <i>(ie. LLC, PC, etc..)</i>	Provide your State Corporation Commission/Sec. of State File Number (Click <a href="#">HERE</a> if incorporated in AZ)	State:	File Number <i>(not TIN/EIN)</i> for legal entity in Sec. 2:
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<input type="checkbox"/> <b>Unincorporated Company</b> <i>(ie. unregistered sole proprietorship)</i>	<input type="checkbox"/> Encl.    N/A  <input type="checkbox"/> Encl.	<b>If partnership, attach</b> list of all names, addresses and percent of ownership.  <b>Submit</b> for individual named in LEGAL BUSINESS NAME in Sec. 2, AND all partners (if apl.) a <b>LEGIBLE</b> copy of driver's license or verification of U.S. Citizenship per <a href="#">A.R.S. § 41-1080</a> .
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<input type="checkbox"/> <b>Government Entity</b>	<input type="checkbox"/> Encl.	<b>Submit</b> government entity identification (ie. W-9 indicating "Government" or info letter from IRS) [Governmental info letters can be requested from IRS by calling <b>877-829-5500</b> .]
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**Section 4. Modality Selection (Select the MOST appropriate application of radiation machine your organization practices)**

<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Veterinary	<input type="checkbox"/> Dental	<input type="checkbox"/> Podiatric	<input type="checkbox"/> Industrial	<input type="checkbox"/> MQSA Mammographic <i>(otherwise Medical)</i>
<input type="checkbox"/> Hospital <i>(inpatient)</i>	<input type="checkbox"/> Medical <i>(outpatient only)</i>	<input type="checkbox"/> Detention & Correction	<input type="checkbox"/> Educational ↳ (also select specific modality(ies)) ↳	<input type="checkbox"/> Therapeutic	<input type="checkbox"/> Other <i>(include attachment w/ desc.)</i>

**Section 5. Application Attachments (NOTE: There is NO FEE for registration amendments or renewals, only for a NEW facility)**

<input type="checkbox"/> Encl. <input type="checkbox"/> N/A	<b>For New Registration Applications</b> , reference "Initial Registration Application" Guidance document on <a href="#">AZDHS.GOV/XRAY</a> under REGISTRATION GUIDANCE for additional application requirements.
<input type="checkbox"/> Encl. <input type="checkbox"/> N/A	<b>For Registration Amendment Applications</b> , reference "Existing Registration Amendment" guidance document on <a href="#">AZDHS.GOV/XRAY</a> under REGISTRATION GUIDANCE for additional application requirements.
<input type="checkbox"/> Yes <input type="checkbox"/> Encl. <input type="checkbox"/> N/A	<b>For Registration Renewal Applications</b> , check "Yes" to confirm the registration unit inventory & conditions are correct OR check "Encl." to indicate amendment forms are enclosed to update registration.

**Section 6. Applicant Signature of Acknowledgement and Agreement to Comply With All Applicable Rules & Regulations**

Rep. Name & Title (print)			
eSignature		Date	

In accordance with A.R.S. § 41-1030 (G.), subsections: (B.) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. (E.) This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section. (F.) A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy. (G.) This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.