



Note: Insert "X" in all applicable boxes

Registration No.

Part A: General

The undersigned, as

Employer Owner Contractor Architect Engineer Agent

applies for review of a permanent x-ray location. The application covers a total of _____ x-ray sources in _____ rooms. It is accompanied by related floor plans **in duplicate** and by one completed Part B for each x-ray source for which review is sought.

1. The name of the x-ray facility for which review is sought is _____

2. The employer is:
Name _____

Telephone No. _____

Address _____

City _____

Postal Code _____

3. The employer's registration number is _____ OR the employer is not registered

4. The name of the x-ray facility for which review is sought is

Opening a new facility

Relocation of sources

Replacement of old sources in existing facilities

Additional sources

Acquisition of existing facility from: Previous Owner's Name _____

Registration No. _____

Change of shielding provisions, structure, or safety devices

Compliance with inspector's direction

Operation is expected to commence on _____ Date _____ 20____

5. The x-ray source(s) will be (or at present) located as at 2 _____ , or at:

Address _____

City _____

Postal Code _____

6. The person who exercises (or will exercise) direction over the safe use and operation of the x-ray source at the above location is the _____ employer, or is:

Name _____

Telephone No. _____

Position _____

Relevant Qualifications _____

7. The drawings and specifications were prepared by:

Employer Architect Other (specify) _____

Name _____

Telephone No. _____

Address _____

City _____

Postal Code _____

8. The information set out in this application and in each Part B accompanying this application is accurate to the best of my knowledge.

Dated at _____ this _____ day of _____ 20____

Signature of Applicant _____

Name (please type or print) _____