



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

APPLICATION FOR REGISTRATION OF NEW FACILITIES WITH RADIATION GENERATING EQUIPMENT

Type or print except where indicated.
Retain one copy for your records.
Refer to NRH-4 Instructions as needed.

Submit original application to:
Nebraska Dept. of Health and Human Services
Office of Radiological Health
301 Centennial Mall South
P.O. Box 95026
Lincoln, NE 68509-5026 or
email: dhhs.radiationprograms@nebraska.gov

Department Use Only	
County	Reg. Number
State	Region
Priority	Label
Renewal Date	Fee

1.a LEGAL NAME AND STREET ADDRESS (INSTITUTION, FIRM, PERSON, ETC.)			
Applicant/ Facility Name:			
Address:			
City, State, Zip:			
Telephone :		FAX:	
E-Mail:			
1.b RADIATION GENERATING EQUIPMENT LOCATION (IF DIFFERENT THAN 1.a)			
Applicant/ Facility Name:			
Address:			
City, State, Zip:			
Telephone:		FAX:	
Temporary job sites throughout Nebraska? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. BILLING INFORMATION			
Address (if different than 1.a):			
City, State, Zip:			
Telephone:		FAX:	
Contact Person:			
3. PRACTICE TYPE (SEE NRH-4 INST)			

4. RADIATION GENERATING EQUIPMENT (use additional sheets if necessary – NRH-4a)

List each machine on a separate line.

Machine Type (See NRH-4 Inst)	Number Tubes	Control Manufacturer	Control Model No.	Control Serial No.	Manufacture Date	Install Date	Master Control Location

5. RADIATION SAFETY OFFICER (RSO) (see 180 NAC 2-004.02 or 21-007.01B)

Radiation Safety Officer (Print or Type)	Signature	Date

6. ATTESTATION AND CERTIFICATION

For the purpose of complying with Neb. Rev Stat. §§. 4-108 through 4-114, I attest as follows:

Check only ONE box below:

- I am a citizen of the United States
- I am a qualified alien under the Federal Immigration and Nationality Act.
Immigration status and alien number: _____
USCIS documentation enclosed.
- Application is for a separate legal entity (Ex: corporation, partnership, etc.) **Explain:** _____

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

The applicant and any official executing this document on behalf of the applicant named in Item 1.a. certify that this application is prepared in conformity with the Nebraska Department of Health and Human Services Title 180 Regulations for Control of Radiation and that all information contained herein, including any supplements attached hereto, is true and correct to the best of their knowledge.

Certifying Official (Print or Type)	Applicant/Facility Name (see item 1.a)
Signature	Date