

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**

1800 Washington Boulevard • Baltimore Maryland 21230  
 (410) 537-3193 • 1-800-633-6101 • <http://www.mde.state.md.us>

**MDE RX3**

Facility Registration Number   -     Date \_\_\_\_\_

**APPLICATION FOR CERTIFIED REGISTRATION OF PARTICLE ACCELERATOR  
 PURSUANT TO REGULATIONS GOVERNING RADIATION PROTECTION 26.12.01**

|  |   |
|--|---|
| <p>1.(a) _____<br/>                 Registrant Name</p> <p>_____ Phone No.</p> <p>_____</p> <p>City State Zip Code</p> <p>1.(b) Registrant is: An individual <input type="checkbox"/><br/>                 A partnership <input type="checkbox"/> A corporation <input type="checkbox"/><br/>                 An unincorporated association <input type="checkbox"/><br/>                 Other <input type="checkbox"/><br/>                 Federal Tax I.D. No. _____</p> | <p>2. This application is<br/>                 a. Initial <input type="checkbox"/><br/>                 b. Renewal <input type="checkbox"/><br/>                 c. Amendment <input type="checkbox"/><br/>                 Give current registration number _____</p> <hr/> <p>3. Location of the unit (or where stored if a mobile unit):<br/>                 _____<br/>                 Address<br/>                 _____<br/>                 City State Zip Code</p> |
|--|---|

**Privacy Act Notice:** This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. § 552a. Disclosure of your Social Security or Federal Tax Identification on this form is mandatory pursuant to the provisions of § 1-203 (2003) of Environment Article, Annotated Code of Maryland, which requires MDE to verify that an applicant for a permit or license has paid all undisputed taxes and unemployment insurance. Social Security and Federal Tax Identification Nos. will not be used for any purposes other than those described in this Notice.

4. Particle Accelerator Information

|   |                   |                   |                      |                      |                   |
|---|-------------------|-------------------|----------------------|----------------------|-------------------|
| A. Type of Accelerator and Manufacturer | B. Peak kV or MeV | C. Year and Model | D. Type of Radiation | E. Maximum Intensity | F. Purpose or use |
| _____                                   | _____             | _____             | _____                | _____                | _____             |

5. The following information is attached and is part of this application:

|   | Attached                 | Not Applicable*          | Date Submitted |
|---|--------------------------|--------------------------|----------------|
| a. Overall description of radiation safety program                              | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| b. Description of facility:   |                          |                          |                |
| 1) Architectural plans  | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| 2) Circuit diagram of safety systems  | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| c. Description of radiation detection instruments                               | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| d. Instrument calibration procedure and frequency                               | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| e. Personnel monitoring equipment and frequency                                 | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| f. Operating and emergency procedures   | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| g. Training program   | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| h. Internal inspection system or other management control                       | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| i. Radiation safety committee and radiation safety officer                      | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| j. Training and experience of operators   | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| k. For healing arts application, the training and experience of physician users | <input type="checkbox"/> | <input type="checkbox"/> | _____          |
| l. Shielding survey (plan review and area survey)                               | <input type="checkbox"/> | <input type="checkbox"/> | _____          |

\*Document previously submitted is still correct. (continued on reverse)



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6. Are radioactive materials produced incidentally by operation of the machine?  yes  no

7. Signatures

a. Chief Executive Officer (CEO) for registrant named in 1.(a)

| Name | Title | Signature | Date |
|------|-------|-----------|------|
|      |       |           |      |

b. Radiation Safety Officer (RSO) responsible for implementation of the overall radiation safety program (item 5.a)

| Name | Signature | Date |
|------|-----------|------|
|      |           |      |

