RADIATION SOURCE VENDOR REGISTRATION
Radiological Health Program (907) 334-2107

Vendor Mailing Address:

Mail to:
STATE PUBLIC HEALTH LABORATORIES
RADIOLOGICAL HEALTH PROGRAM
5455 Dr. Martin Luther King Jr. Ave
Anchorage, Alaska 99507-1270

Check Appropriate Box/es
○ Medical Imaging
○ Radiation Therapy
○ Industrial
○ Educational
○ Other (Specify)

Telephone

VENDOR CONTACT INFORMATION

Individual Responsible for Radiation Safety: ____________________________
Telephone No. __________________________________ Fax No. __________
E-mail Address: __________________________ Internet Web Address: __________
Describe the radiation device(s), material(s), or service(s) your company intends to sell, service, calibrate, evaluate, or distribute in Alaska:

CERTIFICATION

This is to certify that, to the best of my knowledge and belief, all information contained herein, including any supplements attached hereto, is true and correct.

Print Authorized Name __________________________ Date ________

Authorized Signature __________________________

Title __________________________

NOTE: If products require a federal license, such as a radioactive materials license from the U.S. Nuclear Regulatory Commission, a copy of that license must accompany this application.

OFFICIAL USE ONLY: ○ Documentation Received ○ Certificate Sent - Date
○ Action Complete

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