Dear Facility Registrant:

If you have closed your office or no longer using the x-ray equipment that is registered with us we need to know the status of the equipment. Please complete the “Disposition of X-Ray Equipment” form and return the completed form to our office at the address shown below. If you are disposing of all equipment for this registration location, return your original registration installation certificate with the disposition form by mail.

Until the equipment is removed or dismantled and the attached disposition form is submitted to this office, the registrant is responsible for the registration fee. Should you have further questions or need assistance, please phone (518) 402-7570.

NYS DOH BERP
Corning Tower - ESP
12th Floor
Albany, NY 12237

Enclosure: Disposition form
1. Facility Registration Number

2. Facility Information
   Facility Name ____________________________
   City __________________ State ______ Zip ____________

3. Number and Type of Units
   A. _____ Dental/CBCT/Hand-held
   B. _____ Radiographic Fixed/Mobile
   C. _____ Fluoroscopic C-Arm Fixed/Mobile
   D. _____ Comb R&F
   E. _____ CT Scanner (includes PET/CT)
   F. _____ Bone Densitometer
   G. _____ Mammography
   H. _____ Stereotactic Breast Biopsy
   I. _____ Medical Accelerator/OBI
   J. _____ Therapy (0 KVP-1MV)
   K. _____ Non-Medical Electron Microscope
   L. _____ Non-Medical X-ray Diffraction
   M. _____ Non-Medical Particle Accelerator
   N. _____ Non-Medical Gauge or Screening
   O. _____ Non-Medical Industrial Radiography
   P. _____ Non-Medical XRF
   Q. _____ Other ______________________________

4. Current Status of Equipment:
   A. Are you closing your registration? _______ YES ______ NO
   B. Has equipment been sold? _______ YES ______ NO
      If yes, date of sale: / / Year
      Month Day
   C. Has equipment been disassembled or scrapped? _______ YES ______ NO
      If yes, give date: / / Year
      Month Day
   D. Is equipment currently in use? _______ YES ______ NO
      Date stop using equipment / / Year
      Month Day

New location of equipment (if applicable) ______________________________

Phone (_____ ) -( )

Signature of operator or RSO ______________________________
Print Name ______________________________ Date _____________________

DOH-2126 (3/18)