



Master License Service
 Department of Licensing
 PO Box 9034
 Olympia, WA 98507-9034
 (360) 664-1400

UBI
Owner name

X-Ray Facility and Devices Registration

This form must be submitted with a Master Business Application form.

You must complete only **one** section on this form; section A or section B.

- Complete section A if you operate a facility that offers only **one** of these X-ray services: mammography, bone density, electron microscopy, or bomb squad. Complete section B if your facility offers more than one type of X-ray service.
- Write the facility type you selected and the corresponding fee in section 2 of the Master Business Application. If you completed section B, on a separate line of the application you must also write the words "X-ray tube" and the total tube fees due from this addendum.

The Department of Health requires a shielding plan review prior to installation of certain X-ray units. For information about plan review requirements and related fees visit www.doh.wa.gov/ehp/rp/xray/xplan.htm or call 1-800-299-9729.

Failure to provide the contact person and location telephone number will cause a delay in processing your X-ray application.

Location email	Location (Area code) telephone number (required)
Contact person (required)	Technical contact person

A X-ray facility types and fee. Choose only one. If you mark a box in this section, do **not** use section B.

- | | | | |
|---|------|---|-------|
| <input type="checkbox"/> Mammography only (257) | \$89 | Number of mammography X-ray tubes at this facility (266) . . . | _____ |
| <input type="checkbox"/> Bone density only (257) | \$89 | Number of bone densitometers at this facility (262) | _____ |
| <input type="checkbox"/> Electron microscopy only (257) | \$89 | Number of electron microscopes at this facility (265) | _____ |
| <input type="checkbox"/> Bomb squad (257) | \$89 | Number of bomb squad X-ray machines at this facility (280) . | _____ |

B X-ray facility types, tube types, and fees. Do **not** use this section if you wrote in section A.

1. Check the box next to the category that best describes your type of facility.

Facility type	Facility fee
<input type="checkbox"/> Dental, podiatric, or veterinary (258)	\$134
<input type="checkbox"/> Hospital, medical, or chiropractic (259)	\$207
<input type="checkbox"/> Industrial, research, educational, security, or other facilities (260)	\$184

2. Provide the total number of tubes you have for each tube type. Multiply the number of tubes by the tube fee and write the total amount in the "Total fees per tube type" column.

Tube type	No. of tubes	Fee per tube	Total fees per tube type
Bone densitometer (262)	_____	no tube fee =	\$0
Electron microscope (265)	_____	no tube fee =	\$0
Mammography (266)	_____	no tube fee =	\$0
Bomb Squad (280)	_____	no tube fee =	\$0
Computed tomography (263)	_____	x \$131 =	\$ _____
Dental X-ray/ Dental CT/ Pan/ Ceph (264)	_____	x \$ 46 =	\$ _____
Medical fluoroscopic (267)	_____	x \$131 =	\$ _____
Medical radiographic (268)	_____	x \$131 =	\$ _____
Podiatry (rad & fluor) (269)	_____	x \$ 46 =	\$ _____
Stereotactic mammography (270)	_____	x \$131 =	\$ _____
Therapy - Accelerator (271)	_____	x \$131 =	\$ _____
Therapy - Non-accelerator (272)	_____	x \$131 =	\$ _____
Veterinary (rad/fluoro/dental/CT/accelerator) (273)	_____	x \$ 46 =	\$ _____
Airport baggage X-ray (274)	_____	x \$ 46 =	\$ _____
Analytical X-ray fluorescence (275)	_____	x \$ 46 =	\$ _____
Cabinet X-ray (276)	_____	x \$ 46 =	\$ _____
Industrial accelerators (277)	_____	x \$ 46 =	\$ _____
Industrial radiographic (278)	_____	x \$ 46 =	\$ _____
Other industrial uses (279)	_____	x \$ 46 =	\$ _____

Total X-ray tube fees due \$ _____