



Name of Applicant or Permit Holder

| | | |
|-------------------------|----------------|-------|
| Name (First, MI, Last): | Permit Number: | Date: |
|-------------------------|----------------|-------|

Equipment Description

Check the box that best describes the equipment.

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Cabinet X-ray | <input type="checkbox"/> Electron Microscope | <input type="checkbox"/> Baggage Scanner (X-ray) | <input type="checkbox"/> Baggage Scanner (CT) |
| <input type="checkbox"/> X-ray Diffraction | <input type="checkbox"/> X-ray Fluorescence | <input type="checkbox"/> Portable Field X-ray | <input type="checkbox"/> Medical X-ray |
| <input type="checkbox"/> Dental X-ray | <input type="checkbox"/> Veterinary X-ray | <input type="checkbox"/> Portable Medical X-ray | <input type="checkbox"/> Bone Densitometer |
| <input type="checkbox"/> Other (Describe): | | | |

Equipment Information

| | | |
|------------------------|----------------------|----------------|
| Manufacturer: | Model Number: | Serial Number: |
| Purchase Order Number: | Purchase Order Date: | Receipt Date: |

Equipment Location

Indicate the Room Number where the equipment is located.

Purchase Order Information

If the equipment is a new purchase, include a copy of the purchase order, and pertinent manufacturer's information.

Transmit the completed form to the USDA Radiation Safety Staff using one of the following methods:

Mail to:
USDA Radiation Safety Staff
5601 Sunnyside Avenue
Room 2-L206, MS-5510
Beltsville, MD 20705-5510

E-mail to:
RSSPO@rss.usda.gov

Fax to:
301.504.2450