ATTACHMENT C: Installation & Service Vendor

Oregon Health Authority | Radiation Protection Services

Complete this Attachment to request approval to provide the Installation of X-ray machines and related equipment as well as to provide services for X-ray machines and related equipment in Oregon. Complete all items in this application. Missing information will delay the application process. Keep a copy of the completed application for your records. ***If you are filling out this Attachment you must also complete Attachment E: Qualified Expert.***

☐ **New License** ☐ **Renewal of License #:** _____ ☐ **Update Information on existing License #:** _____

Business Name: _____

Please Select the Types of Services you are Applying for *(This information will appear on our website.)*

☐ **Calibration**
- ☐ Dental (intraoral, panoramic, cephalometric, or CBCT/3D Machines)
- ☐ Industrial Machines
- ☐ Medical (CT, Mobile X-ray/Fluoro, Fluoroscopic, X-ray, Mammography, or Tomosynthesis Machines)
- ☐ Therapy (Linear Accelerators, Superficial, and Electronic Brachetheraphy)
- ☐ Veterinary (X-ray, Intraoral, CT, or Fluoro machines)
- ☐ Automatic or Manual Film Processing Equipment
- ☐ CR Processing Systems
- ☐ DR Processing Systems
- ☐ Other: _____

☐ **Consultation**
- ☐ Health Physics Consultant
- ☐ Other: _____

☐ **Installation**
- ☐ Dental (intraoral, panoramic, cephalometric, or CBCT/3D Machines)
- ☐ Industrial Machines
- ☐ Medical (CT, Mobile X-ray/Fluoro, Fluoroscopic, Mammography or Tomosynthesis Machines)
- ☐ Therapy (Linear Accelerators, Superficial, and Electronic Brachetheraphy)
- ☐ Veterinary (X-ray, Intraoral, CT, or Fluoro machines)
- ☐ Automatic or Manual Film Processing Equipment
- ☐ CR Processing Systems
- ☐ DR Processing Systems
- ☐ Other: _____

☐ **Repair**
- ☐ Dental (intraoral, panoramic, cephalometric, or CBCT/3D Machines)
- ☐ Industrial Machines
- ☐ Medical (CT, Mobile X-ray/Fluoro, Fluoroscopic, Mammography or Tomosynthesis Machines)
- ☐ Therapy (Linear Accelerators, Superficial, and Electronic Brachetheraphy)
- ☐ Veterinary (X-ray, Intraoral, CT, or Fluoro machines)
- ☐ Automatic or Manual Film Processing Equipment
- ☐ CR Processing Systems
- ☐ DR Processing Systems
- ☐ Other: _____

Reminder: All individuals providing the above services must also complete **Attachment E: Qualified Expert.**