Oregon Microwave Oven Repair Facility License Application

Public Health Division | Radiation Protection Services
800 NE Oregon Street, Suite 640; Portland, OR 97232
Phone: (971) 673-0490 | Fax: (971) 673-0553 | Web: www.healthoregon.org/xray

Fill out form completely and accurately online, or print the form and fill in printing clearly. Sign and date the form, make a copy for your records then mail, e-mail, or fax to RPS. Once the form is processed you will be sent an invoice for payment. Upon receipt of payment, RPS will send you a License to post.
Items marked with an * will be displayed on the website

Check one: ☐ New License ☐ Renewal of license #: _____

Registrant Information

*Company Name: _____

*Website _____

*Phone #: _____

Owner Name: _____

Phone #: _____ e-mail: _____

Compliance or Contact Information

Name: _____

Phone #: _____ e-mail: _____

Mailing Address

Address: _____

City: _____ State: _____ Zip _____

Billing Address

Address: _____

City: _____ State: _____ Zip _____

Additional Information

Name of all individuals performing Repairs in Oregon (attach additional sheets as necessary):

_____

_____

Have the above individuals been trained in accordance with OAR 333-112-0025? ☐ Yes ☐ No If No, who has not completed training?

_____

List the manufacturer and model of your testing equipment below. Does it meet the requirements of OAR 333-112-0020? ☐ Yes ☐ No

_____

I, the applicant or official executing this certificate on behalf of the applicant named on page one, certify that this application is prepared in conformity with the Oregon Rules for the Control of Radiation and that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

Signature, Title, & Date:_____

Official Use Only: Approved (date & initials):_____

Denied (date, initials, and reason):_____