



**RADIATION MACHINE
NOTICE OF ENTRY**

Registration number - _____
(to be assigned by ADH)

RH-57 of the ASBH Rules for Control of Sources of Ionizing Radiation states that whenever any radiation machine is brought into the state of any **temporary use**, the persons proposing to bring such a machine into the state shall give written notice to the Department at least two (2) days before the machine enters the state. *This includes radiation machines that are brought into the state for demonstration purposes.*

X-RAY RECIPROCITY FEE:

In accordance with RH-58, the following fee shall be paid for all x-ray units per calendar year:

\$65.00 per tube, up to a maximum of \$260.00

The appropriate fee must be included with the Notice of Entry (check or money order) and cannot be approved until payment is received. NOTE: If the same unit has already been brought into the state for the current calendar year, no fee is required. If a different unit will be brought into the state, an additional \$65.00 must be paid for each different unit, up to a maximum of \$260.00 (4 units).

Annual invoices will not be mailed out. Regardless of the entry date(s), your registration will expire December 31st of each year. If a unit is brought into the state the following calendar year, the appropriate fee must be submitted.

[This application must be accompanied by a copy of the company's home state license.](#)

Please print all entries and mail to the **Arkansas Department of Health, Radiation Control Section, X-ray Program, 4815 West Markham Street, Slot 30, Little Rock, Arkansas, 72205-3867**. If the required fee has already been submitted for the calendar year, this Notice of Entry can be faxed to (501) 661-2849. For questions, call the X-ray Program at (501) 661-2378.

Name of Company: (Bringing in the x-ray unit)	Name of Contact Person:
Facility Billing Address: (Of company bringing in unit)	Telephone Number: E-mail:
Type of Unit: <input type="checkbox"/> Analytical <input type="checkbox"/> C-Arm <input type="checkbox"/> Cabinet Radiography <input type="checkbox"/> Dental <input type="checkbox"/> Industrial <input type="checkbox"/> Mobile (Radiographic units used for healing arts) <input type="checkbox"/> Security Systems <input type="checkbox"/> Veterinary <input checked="" type="checkbox"/> Other units (those not listed above)	Name of Facility: (Where unit will be used)
	Physical Address:
	Begin Date:
Control Panel Manufacturer:	Duration: Control Panel Model Name and No.