

X-ray Unit Initial Registration

IONIZING RADIATION-PRODUCING EQUIPMENT

Please do not use this form to report administration changes or when adding new equipment to an existing registration. Administration changes and new equipment changes should be made in the online X-ray Registration System. Contact health.xray@state.mn.us before sending in the form and payment if you have questions.

Facility Demographics

Date _____

Facility name _____

Facility county _____

Federal Tax ID (9 digits) _____

MN Tax ID (7 digits) _____

Business address _____

City _____ State _____ Zip _____

Facility phone (Business address phone) _____

Facility Contacts

Administrator name _____

Administrator work email _____

Administrator signature _____

Facility X-ray Equipment

Console 1 (Equipment type) _____

Console 2 (Equipment type) _____

Console 3 (Equipment type) _____

Registration Process

1. Fill out the form fields above. For additional equipment, make copies of form.
2. Verify amount due on fee calculation table below. **Amount due for Initial Registration includes individual fees for each tube and a facility base fee of \$155 per site.**
3. Mail completed registration form with payment to:

**Minnesota Department of Health
Radiation Control, X-ray Unit
PO Box 64497
St. Paul, MN 55164-0497**

4. Your facility will receive an email once MDH receives this pre-registration paperwork and fees to finalize your registration in our online system at [X-ray Registration System](https://xray.web.health.state.mn.us/index.faces) (<https://xray.web.health.state.mn.us/index.faces>).
5. **Your facility will not be registered with MDH until all mandatory fields in the online X-ray Registration System are complete.**
6. Guidance can be found on our website at [X-ray Registration](https://www.health.state.mn.us/communities/environment/radiation/xray/forms.html) (<https://www.health.state.mn.us/communities/environment/radiation/xray/forms.html>).

X-ray Equipment Fees

Equipment Type	Definition	Equipment Fee
Accelerator - Industrial	Includes: Accelerator-Industrial.	\$300.00/year for all units
Accelerator - Medical Accelerator - Veterinary Therapy	Includes: Accelerator-Medical with or without OBI, Accelerator-Veterinary, Particle Accelerator and Therapy Superficial.	\$1000.00/year for all units
Dental	Includes: CBCT-Dental, Cephalometric, Extraoral, Hand-held Intraoral, Intraoral, and Panoramic.	\$60.00/each tube
Industrial	Includes: All cabinets, Electron Beam Lithography, Electron Beam Weld, Gamma Knife, Industrial Irradiator, X-ray Diffraction, X-ray Fluorescent Analyzer, and X-ray Gauge.	\$130.00/each tube
Medical or Veterinary	Includes: Hand-held Fluoroscopic, Mammographic, Medical Irradiator Radiographic, and CBCT and CT (excluding dental).	\$130.00/each tube

X-RAY UNIT INITIAL REGISTRATION FORM

Equipment Type	Definition	Equipment Fee
Security Screening System	Only Includes: Equipment used on living humans to identify contraband.	\$160.00/each tube

Initial Registration Calculation

Total Equipment Fees + Facility Base Fee = Initial Registration Total Fee Due

Number of Tubes	Equipment Fee	Total
	+ Facility Base Fee	\$155
	Total	

Minnesota Department of Health
 Radiation Control, X-ray Unit
 625 Roberts St N
 PO Box 64497
 St. Paul, MN 55164-0497
 651-201-4545
health.xray@state.mn.us
www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-4545.