

# 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](mailto: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

Business City

Business State

Business Zip

Facility Phone Number  
*(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 \$100 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 X-ray Registration System at <https://xray.web.health.state.mn.us>.
5. **Your facility will not be registered with MDH until all mandatory fields in the online X-ray Registration System are complete.** Guidance can be found on our website at <https://www.health.state.mn.us/communities/environment/radiation/xray/forms.html>.

## X-ray Equipment Fees

Equipment Type	Definition	Equipment Fee
<b>Accelerator - Industrial</b>	Includes: Accelerator-Industrial.	\$150.00/year for all units
<b>Accelerator - Medical Accelerator - Veterinary Therapy</b>	Includes: Accelerator-Medical with or without OBI, Accelerator-Veterinary, Particle Accelerator and Therapy Superficial.	\$500.00/year for all units
<b>Dental</b>	Includes: CBCT-Dental, Cephalometric, Extraoral, Hand-held Intraoral, Intraoral, and Panoramic.	\$40.00/each tube
<b>Industrial</b>	Includes: All cabinets, Electron Beam Lithography, Electron Beam Weld, Gamma Knife, Industrial Irradiator, X-ray Diffraction, X-ray Fluorescent Analyzer, and X-ray Gauge.	\$100.00/each tube
<b>Medical or Veterinary</b>	Includes: Hand-held Fluoroscopic, Mammographic, Medical Irradiator Radiographic, and CBCT and CT (excluding dental).	\$100.00/each tube

X-RAY UNIT INITIAL REGISTRATION FORM

Equipment Type	Definition	Equipment Fee
<b>Security Screening System</b>	Only Includes: Equipment used on living humans to identify contraband.	\$100.00/each tube

## Initial Registration Calculation

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

Number of Tubes	Equipment Fee	Total
	<b>+ Facility Base Fee</b>	<b>\$100</b>
	<b>Total</b>	

Minnesota Department of Health  
 Radiation Control, X-ray Unit  
 625 Robert St N  
 PO Box 64497  
 St. Paul, MN 55164-0497  
 651-201-4545  
[health.xray@state.mn.us](mailto:health.xray@state.mn.us)  
[www.health.state.mn.us/xray](http://www.health.state.mn.us/xray)

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