



**RAS FORM 9**

**APPLICATION FOR THE USE OF IONIZING RADIATION  
PRODUCING MACHINES OR DEVICES**

1. Name of applicant (operator): \_\_\_\_\_
2. Department where equipment will be used: \_\_\_\_\_
3. Type of machine: \_\_\_\_\_
4. Model number: \_\_\_\_\_
5. Manufacturer: \_\_\_\_\_
6. Rated kVp Max: \_\_\_\_\_
7. Fixed or mobile? \_\_\_\_\_
8. Rated MA Max: \_\_\_\_\_
9. Location and description of use: \_\_\_\_\_  
\_\_\_\_\_
10. Name and address of company that will install equipment: \_\_\_\_\_  
\_\_\_\_\_
11. Operator's experience and training: \_\_\_\_\_  
\_\_\_\_\_
12. Available radiation detection instrument(s): \_\_\_\_\_

Attach a copy of proposed emergency and standard operating procedures.

All persons working with or near X-ray producing machines must wear film badges. Apply for film badge service using UNC Charlotte RAS FORM 2.

The applicant certifies that all information contained herein is true and correct to the best of his/her knowledge.

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_