



DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION
RADIATION PROTECTION
899 North Capitol Street, N.E., 2nd Floor
WASHINGTON, D.C. 20002



GOVERNMENT
OF THE
DISTRICT OF COLUMBIA

SUPPLIERS OF MEDICAL AND DENTAL X-RAY EQUIPMENT/HEALTH PHYSICS SERVICES

Name of Firm or Person		Telephone Number
Street Address		Certificate Number (if applicable)
City	State	Zip Code

We hereby request a license in accordance with the District of Columbia's Radiation Protection Regulations (Section B.4)

- Make Sell Lease Lend Install
 Transfer and/or Repair Provide Health Physics Services* Medical X-ray Equipment
and/or Dental X-ray Equipment

*(Provide a copy of your curriculum vitae)

We represent the following manufactures of X-ray equipment: Not applicable (Self representation)

- Continental Fischer General Electric Hitachi Kelekette- CGR
 Philips Picker Profexray Ritter Siemens
 Standard Toshiba Universal Weber Westinghouse
 S.S. White XRM Other: _____

This request is for a: Permanent Temporary (_____months) License.

_____	Signature	_____
Date signed	Name (typed or printed)	_____
	Title	_____

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov.