



**RHODE ISLAND RADIATION CONTROL AGENCY**  
**REGISTRATION OF DEVICES POSSESSED UNDER THE**  
**GENERAL LICENSE ISSUED IN SECTION C.4.2(b) OF THE**  
**RULES AND REGULATIONS FOR THE CONTROL OF RADIATION**

**INSTRUCTIONS:** Please review the attached instructions before completing this Registration form. Send the entire completed Registration to: RI Department of Health, Radiation Control Agency, 3 Capitol Hill - Room 206, Providence, RI 02908-5097. You should keep a copy of your completed Registration and attachments, as they will be incorporated into your General License by reference.

1. THIS SUBMISSION IS FOR (*Check Appropriate Item*)

NEW REGISTRATION [*\$320 Registration Fee Required*]

UPDATE TO REGISTRATION \_\_\_\_\_

OTHER (Specify) \_\_\_\_\_

2. NAME AND MAILING ADDRESS OF GENERAL LICENSEE:

3. ACTUAL ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code):

4. NAME AND TITLE OF RESPONSIBLE INDIVIDUAL:

TELEPHONE NUMBER:

5. NEW DEVICE(S) INFORMATION: *Complete Agency Form GEN-4A*

Not Applicable

6. DEVICE(S) NO LONGER POSSESSED BY GENERAL LICENSEE:

*Complete Agency Form GEN-4B*

Not Applicable

7.  No changes in General License information since last submission on: \_\_\_\_\_

[*Check if applicable for this Update. This item is not applicable for a New Registration*]

8. CERTIFICATION (*Must be completed*):

I hereby certify that:

- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed, and the device information on this form (and any continuation sheets, if applicable) has been checked against the device labeling.
- C. I am aware of the requirements of the general license, provided in Section C.4.2(b) of the Rules and Regulations for the Control of Radiation.

\_\_\_\_\_  
(Signature of Responsible Individual listed in Item 4)

\_\_\_\_\_  
(Date)

**FOR AGENCY USE ONLY**

Correct fee submitted for New Registration:  Yes No  NA

Information agrees with data provided to Agency by GL device manufacturer/distributor:  Yes No  NA

**Registration number assigned: GEN4-\_\_\_\_\_**



**Rhode Island Department of Health**  
**3 Capitol Hill, Providence RI, 02908-5097**  
**MANDATORY ADDENDUM TO LICENSE APPLICATION**  
**Tax Payer Status Affidavit / Identity Verification**

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

**Licensee Declaration**

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # \_\_\_\_\_)
- I am in state receivership. (Case # \_\_\_\_\_)
- I have been discharged from Bankruptcy.  
(Case # \_\_\_\_\_)

\_\_\_\_\_  
Type of Professional/Business License for which you are applying

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN for Business)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (including area code if not 401)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Business (If Applicable)

*This form must be completed, signed and attached to your license application for processing.*