Applying for a Radiation Producing Equipment Permit (x-ray)

The owner or operator of any x-ray installation or of any radiation producing equipment in operable condition intended to be used for patient clinical diagnosis and/or treatment must hold a current Certificate of Registration (permit) for their equipment from the New York City Department of Health and Mental Hygiene (DOHMH).

A. Important Information – *Please Read Before You Apply for a Permit*

1. You may apply online or in person. The fee is $100 for two years.
2. You will be required to supply supporting administrative documents. See Section F below.
3. You must provide proof of Certificate of Disability Insurance and Workers Compensation Insurance for your facility, or form CE-200 if you are exempt. For information on this requirement, go to http://www.wcb.ny.gov.
4. You will be required to submit supporting technical documents for each x-ray unit that you register. See Section B below.
5. Your application will not be processed until all documents and/or information are supplied to the satisfaction of DOHMH.

B. Required Technical Documents for X-Ray Permits

For Dental and Podiatrist Offices ONLY

- Dental and podiatric facilities must contact a DOHMH-approved CRESO (Certified Radiation Equipment Safety Officer) to secure an inspection (see Section E below).
- The full CRESO inspection report (cover sheet and RAD-8 form for each unit) is required.
- Dental offices with a Cone Beam CT Scanner (CBCT) require a separate permit for the CBCT. Follow requirements for CBCT Scanner below.

For Veterinary Offices ONLY

- Veterinary facilities must obtain ONLY a Radiation Protection Survey from a Qualified Medical Physicist

For All Other Medical Establishments, including Dental CBCT

- Required reports are based on type of x-ray unit:

Type of Unit	Quality Control Report[1]	Radiation Protection Report	ESE Measurements[2]
Radiographic	√	√	√
Fluoroscopic	√		√
CT Scanner	√	√	√
CBCT Scanner	√	√	√
Bone Densitometer		√	

[1] Acceptance testing of unit including all Quality control tests mandated by the Health Code for this type of unit

[2] ESE (Entrance Skin Exposure) measured values for the most common x-ray Exams at your facility. For fluoroscopic units, it means the ESEs value for the most common fluoroscopic exam by patient size.

Applying for a Radiation Producing Equipment Permit (x-ray)

For Non-Medical Offices (i.e., Commercial Building, Industrial Facilities, research facilities).

Type of Unit	Quality Control Report[1]	Radiation Protection Report	ESE Measurements[2]
Radiographic		√	
Fluoroscopic		√	
CT Scanner		√	

C. Apply On-Line

1. Go to www.nyc.gov/healthpermits, select the permit for which you are applying and review the prerequisites and required supporting documents.
2. Gather all supporting documents that must be submitted along with the application (see *Section B Required Technical Documents and Section F Required Administrative Documents*).
3. Create electronic versions of your supporting documents.
4. Select *Apply Online* and register an account with the NYC Online Licensing system.
5. Complete the required information online, upload your supporting documents and submit payment.
6. Payment accepted: Credit/Debit Cards only.

D. Apply In Person

1. Obtain an application packet:
   a. Call 311 and ask for *Applying for a Radiation Producing Equipment Permit, or:*
   b. Download application forms and instructions from www.nyc.gov/healthpermits.
2. Gather all supporting documents that must be submitted along with the application (see *Section B Required Technical Documents and Section F Required Administrative Documents*).
3. Complete the Standard Application for a Permit and the Supplemental Information Form for Radiation Producing Equipment.
4. Apply in person with your Application Form, Supplemental Form, and supporting documents at one of the following locations:

DCA Manhattan Licensing Center	**NYC Small Business Support Center**
42 Broadway, Lobby	90-27 Sutphin Blvd., 4th Floor
Manhattan	Jamaica, Queens
Hours: M, Tu, Th, Fr: 9 am – 5 pm; W 8:30 am – 5 pm	Hours: M - F: 9 am – 5 pm

5. Payment Accepted: Money Order, Credit/Debit Cards, Checks (no cash accepted)

Your application must be approved by DOHMH and registration certificate issued before your x-ray can be used. For assistance in applying for a permit call the DOHMH Office of Radiological Health at (718) 310-2840.

NYC Health

Certified Radiation Equipment Safety Officers (CRESO)

CRESO	Address	Phone Number	E-mail Address
Abbas Ali, DABR	57-36 Xenia Street Flushing, NY 11368	(917) 667-3527	Abbas_Ali112@hotmail.com
Abdelhamid Elfaham	139 97th Street Brooklyn, NY 11209	(917) 607-1955	Elfaham2686@aol.com
Abey Koshy, PhD	138 Goldenrod Avenue Franklin Square, NY 11010	(347) 262-3749	jjrtphysics@gmail.com
Abraham Thomas	7607 265 Street New Hyde Park, NY 11040	(718) 347-4439	xrayinspector@gmail.com
Alexander Mack	2 Ann Street, N225 Clifton, NJ 07013	(201) 873-8479	alexandermack1@hotmail.com
Alfonso Buffa	4010-10 73 Street Woodside, NY 11377	(917) 518-8667	albuffa@earthlink.net
Benjamin Astarita	414 Route 111 Smithtown, NY 11787	(631) 265-2950	Bastarita@astaritaassociates.com
Bun Chan	728 Shady Path Lane Franklin Lakes, NJ 07417	(201) 321-8685	CCNUCL1@gmail.com
Eugene Lief	3 Manger Circle Pelham, NY 10803	(347) 668-2420	eugenelief@hotmail.com
David Howard, DABR	3835 Paces Walk SE Atlanta, GA 30339	(770) 435-9186	david.howard@westphysics.com
George Sommer, DABR	107-40 Queens Boulevard, Apt. 9G Forest Hills, NY 11375	(917) 647-5811	george.somm@yahoo.com
Hao-Yun Hsu	159 W 53rd Street, Apt. 23H New York, NY, 10019	(917) 328-3893	webberhh2750@gmail.com
Hung Ching, PhD	54-15 32nd Street Queens, NY 11377	(917) 331-3144	checkradiation@gmail.com
James So	321 Bennets Lane Somerset, NJ 08873	(973) 239-8477	js998@columbia.edu
Jose Antony, DABR	421 Benito Street East Meadow, NY 11554	(516) 819-2659	advsafety@yahoo.com
Kochuputhen Chacko	179 Emory Road Mineola, NY 11501	(516) 314-4681	kchack179@aol.com
Margaret MacCallum, MS	3825 Paces Walk SE, Suite 250 Atlanta, GA 30339	(770) 435-9186 (678) 383-1338	margaret.maccallum@westphysics.com
Martin Schnee	3733 Laurel Avenue Brooklyn, NY 11224	(718) 373-6348	scientist004@aol.com
Maxine Barnes	100 Casals Place, Apt. 15D Bronx, NY 10475	(914) 329-2652	maxine.barnes@downstate.edu
Oscar San Emeterio Nateras, DABR	325 Kent Avenue Brooklyn, NY 11249	(916) 640-7230	oscar.medphysics@gmail.com
Raja Subramaniam	352 Montross Avenue Rutherford, NJ 07070	(718) 419-8046	prophys@gmail.com
Ronald Restivo	167-11 33rd Avenue Flushing, NY 11358	(917) 509-0867	ronrestivo1@gmail.com
Richard Miguel, DABR	3825 Paces Walk SE, Suite 250 Atlanta, GA 30339	(617) 229-6450	richard.miguel@westphysics.com
Ryan Joseph, DABR	414 NY-111 Smithtown, NY 11787	(631) 806-4572	rjoseph@astaritaassociates.com
Serafin Prado	P.O. Box 604679 Bayside, NY 11360-4679	(718) 598-3484	sprado@msn.com
Tiffany Lin, DABR	301 West 53rd Street, Apt 9J New York, NY 10019	(626) 808-2882	Tlin@wellesley.edu
Viji Mathew, MS	P.O. Box 680 New York, NY 10009	(646) 228-1158	vmathew01@gmail.com

The above individuals have completed orientation with the NYC Department of Health and Mental Hygiene, Office of Radiological Health (ORH) and are currently authorized to conduct inspections in New York City. ORH scientists will review your CRESO's inspection report and may visit your facility alone or with the CRESO on a joint inspection of your facility. Please note that only ORH scientists are authorized to issue a summons for violation of provisions of the NYC Health Code.

Applying for a Radiation Producing Equipment Permit (x-ray)

F. Checklist of Required Administrative Documents for All New Permit Applications

(see Section B for required technical documents)

Items Needed *Be sure the applicant's name is the same on all documents. See "Instructions for Completing an Application" for more details.*	Legal Business Structure		
	Individual	Partnership	Corporation or LLC
Permit Application • All applicable sections completed • Supplemental Form(s) if applicable • Signed by applicant (example: owner, officer, director or shareholder)	✓	✓	✓
Permit Fee • See list of permit fees • Credit card, money order or check payable to "DOHMH" • Not-for-profits: no fee if proof of status is submitted (see below)	✓	✓	✓
Proof of Home Address (one of the following) • Valid driver's license or non-driver ID • Current lease or mortgage statement • Utility bill, bank or credit card statement dated within the last 90 days • "Affidavit of Home Address" form, completed by a person living with applicant and a recent utility bill or lease in that individual's name	✓	✓ (needed for partnership of individuals only)	
Photo Identification One government-issued ID with photo, such as: • Driver's license or non-driver ID • Alien Registration Card or Naturalization Certificate • U.S. or foreign passport	✓	✓	✓
Proof of Sales Tax Collecting Authority • Valid original NYS Certificate of Sales Tax Authority *Obtain at http://www.nys-opal.com. Complete Form DTF-17 on-line or mail it to New York State Tax Department, Sales Tax Registration Unit, W A Harriman Campus, Albany, New York 12227. Takes 4-6 weeks.*	✓	✓	✓
Proof of Incorporation • Certificate of Incorporation (stamped to show it was filed with the New York State Department of State) or Filing Receipt issued by the NYS Secretary of State. *If located outside of New York State, obtain "Certificate of Good Standing" from your Secretary of State and file with application for "Authority to Conduct Business in New York State" with NYS Department of State. You must then present this "Authority" issued by the NYS Department of State when you apply for this permit.*		✓ (needed for partnership of corporations or LLCs only)	✓
Workers' Compensation & Disability Insurance Coverage • Submit proof of coverage effective when the establishment begins operation, including insurer's name, policy number, and expiration date. If such coverage is *NOT* required, submit Certificate of Attestation of Exemption (Form CE-200) from the NYS Workers' Compensation Board showing the applicant's Exemption Number and the date issued. See http://www.wcb.ny.gov. • List DOHMH as the certificate holder (**not** the policy holder)	✓	✓	✓
Payment of Outstanding Fines for DOHMH Violations (if any) • Certified check, credit card or money order payable to "OATH Health Tribunal" (in person payment) or pay online with credit or debit card	✓	✓	✓
Proof of Not-for-Profit Status (if applicable)* • Letter from the IRS stating not-for-profit status*		✓	✓
Power of Attorney or Authority to Act Affidavit (if applicable) • If someone else will turn in the application for you	✓	✓	✓

Applying for a Radiation Producing Equipment Permit (x-ray)

G. Special Instructions Regarding Insurance Certificates

1. Permit applications must be accompanied by proof that your business has both Workers Compensation Insurance on Form C105.2 and Disability Benefits Insurance on Form DB120.1 -or- proof that you are exempt from meeting these requirements on Form CE-200
2. Proof of insurance must be in certificate form.
3. The name and address on the insurance certificate must match exactly the name and address on the permit application.
4. The insurance certificate must list the policy number, the policy issue date, and the policy expiration date.
5. The insurance certificate must name as the Certificate Holder the following:

NYC Department of Health
and Mental Hygiene
125 Worth Street CN 17A
New York, NY 10013

Applying for a Radiation Producing Equipment Permit (x-ray)

Instructions for Completing a Standard Application Form

New York City Health Code, Section 3.19 states: "No person shall make a false, untrue or misleading statement or forge the signature of another on a certificate, application, registration, report, or other document required to be prepared pursuant to this Code. No person shall make a false, untrue or misleading oral statement to the Department as to any matter investigated by the Department."

NOTE: Any form with alterations, corrections, whiteout, etc., will not be accepted.

Complete all sections of the application. If completing it by hand, please use ink and print in **CAPITAL LETTERS**.

1. **License or Permit Name**
   - Enter the name of the permit or license you want to obtain. Example: Radiological Equipment Permit
2. **Section A**
   - Enter the individual owner's name, or all partners' names or corporation name in the box labeled "Name of Corporation, partnership or individual owner" (the permit will be issued to the corporation, partnership or person named here)
   - Enter the name of the establishment in the space labeled "Trade Name/DBA"
   - Provide the address where the establishment will be located. Please include in the space labeled "Premises Location" the floor, booth number, or store number where the establishment is to be located.
   - Enter the establishment's telephone, fax and the email address (if any). All correspondence sent by email will be sent to this address.
   - Provide your date of birth, if applying as an individual
3. **Section B**
   - Enter the date you expect to start operating.
4. **Section C**
   - Enter your New York State Tax Authority ID #. Not-for-Profit applicants should enter their Federal EIN. If applying as an individual, also enter your SSN. If you do not have a Social Security number, you may use an Individual Tax Identification Number (ITIN)
5. **Section D**
   - Enter the mailing address if it is different from where the establishment is going to be located. All correspondence sent by mail will be sent to this address.
6. **Section E**
   - Enter the name, home address, zip code, phone number, email address and title of the owner/all partners in the business/all principal officers in the corporation
7. **Section F**
   - All applicants must complete the Workers' Compensation and Disability Insurance information requested and provide copies of proof of current insurance or form CE-200 stamped by the Worker's Compensation Board, indicating the Board received a sworn affidavit stating that such coverage is not required. An application for a permit will not be accepted without this information and proof
8. **Signature**
   - Sign the application.
     - *Note: the person who signs the Application must be named in Section E.*
   - Enter the title and telephone number of the person who signed the Application for Permit
   - Indicate whether the applicant is 18 years of age or older.
     - *Note: applicants must be older than 18 years of age.*

STANDARD APPLICATION FOR NEW LICENSE OR PERMIT

NYC Health

APPLICATION DATE		
MONTH	DAY	YEAR

FOR OFFICE USE				
CAMIS/RECORD NUMBER		LICENSE/PERMIT		
		TYPE	FEE CLASS/ SUBCLASS	
		H		
EXPIRATION DATE			FEE AMOUNT	DOLLARS / CENTS
MO	DAY	YEAR	➤	

NAME OF LICENSE/PERMIT
(For detailed instructions and information about what is required to apply for this permit, please go to www.nyc.gov/healthpermits)

IMPORTANT: Please type or print legibly in ink using capital letters. Allow spaces between completed words or numbers. Standard abbreviations are permitted. All sections must be completed in ink.

SECTION A – NAME, ADDRESS AND CONTACT INFORMATION OF ENTITY TO WHICH LICENSE/PERMIT IS TO BE ISSUED

READ CAREFULLY: *Enter the corporate name and location of business establishment. If not incorporated, enter your name(s) and location of business establishment.*

NAME OF CORPORATION, PARTNERSHIP, PARTNERS OR INDIVIDUAL OWNER *(Last Name First)*	TELEPHONE NUMBER (AREA CODE)
TRADE NAME/Doing Business As (DBA)	FAX NUMBER (AREA CODE)
BUILDING NUMBER / STREET	PREMISES LOCATION (FLOOR, STORE #, BOOTH #)
CITY OR TOWN / STATE / ZIP CODE	E-MAIL ADDRESS (REQUIRED)
DATE OF BIRTH (If applying as an individual) — MONTH / DAY / YEAR	OPTIONAL — GENDER: ☐ Male ☐ Female

Language Preference for Inspections: If the permit you are applying for requires an inspection by the Department of Health and Mental Hygiene, do you prefer that this inspection be conducted in, or translated to, a language other than English? ___ No ___ Yes
If "yes" that language is _____.

☐ I agree to receive all official notices from the Department of Health only by **email** at the **email** address provided in this application form. An official notice is any correspondence from the Department of Health that requires a response by a date certain. These include, but are not limited to, permit or license renewal notices; notices of fines or fees owed; collection letters and Dunning Notices, and Notices of Violations.

☐ I would like to receive Department of Health publications, including information about new regulations, newsletters, fact sheets and other educational material, only by **email** at the **email** address provided in this application form.

SECTION B – DATE EXPECTED TO OPEN/START OPERATING		
MONTH	DAY	YEAR

SECTION C – NYS SALES TAX ID#	SOCIAL SECURITY NUMBER (If applying as an individual)	ITIN NUMBER (If no SSN and applying as an individual)
___—___		

SECTION D – MAILING ADDRESS, IF DIFFERENT FROM PERMITTED/LICENSED ESTABLISHMENT'S ADDRESS (INCLUDE APARTMENT #, PO BOX #)

STREET ADDRESS		
CITY OR TOWN	STATE	ZIP CODE

CITYWIDE LICENSING CENTER – DEPARTMENT OF HEALTH AND MENTAL HYGIENE – 42 BROADWAY, NEW YORK, NY 10004

(continued on next page)

SECTION E – LIST NAMES (LAST, FIRST) OF OWNER – PARTNER – CORPORATE OFFICERS

1	NAME		PHONE NUMBER	E-MAIL ADDRESS		TITLE
	ADDRESS	STREET	CITY		STATE	ZIP CODE
2	NAME		PHONE NUMBER	E-MAIL ADDRESS		TITLE
	ADDRESS	STREET	CITY		STATE	ZIP CODE
3	NAME		PHONE NUMBER	E-MAIL ADDRESS		TITLE
	ADDRESS	STREET	CITY		STATE	ZIP CODE
4	NAME		PHONE NUMBER	E-MAIL ADDRESS		TITLE
	ADDRESS	STREET	CITY		STATE	ZIP CODE

SECTION F

ALL APPLICANTS (EXCEPT THOSE APPLICANTS FOR A MOBILE FOOD VENDING LICENSE, TATTOO LICENCE OR A HORSE LICENSE) MUST COMPLETE THIS SECTION REQUESTING WORKERS' COMPENSATION AND DISABILITY BENEFITS INSURANCE INFORMATION AND PROVIDE COPIES OF PROOF OF CURRENT INSURANCE IF IT IS REQUIRED.

YOUR APPLICATION FOR A PERMIT WILL NOT BE ACCEPTED IF YOU DO NOT COMPLETE THIS SECTION AND PROVIDE THIS INFORMATION AND PROOF IF YOU ARE REQUIRED TO HAVE THIS INSURANCE.

Please check the appropriate box:

☐ The business described in this application has Workers' Compensation and Disability Benefits Insurance as identified below:

Workers' Compensation Insurance Carrier: _____ Policy #: _____ Expiration Date: _____

Disability Benefits Insurance Carrier: _____ Policy #: _____ Expiration Date: _____

OR

☐ Form CE-200 was submitted to the Worker's Compensation Board stating such coverage is not required for this business and a copy with the New York State-assigned Exemption Certificate Number is attached.

Certificate Number: _____ Issuance Date: _____

Form CE-200 attesting to an exemption of this requirement can be found at http://www.wcb.ny.gov

Legal reasons for an applicant to qualify for this exemption are listed on Form CE-200. Please review Form CE-200 to see if your business qualifies for this exemption and is not required to obtain Workers' Compensation and Disability Benefits Insurance.

By signing this application for a permit, I agree that I will comply with provisions of the Health Code and other laws that apply to the permitted activity, and that all the statements made in this application are true and complete. Making a false statement is an offense punishable by fines, imprisonment or both. (NYC Administrative Code § 10-154.)	TITLE	ARE YOU 18 YEARS OF AGE OR OVER? ☐ YES ☐ NO
SIGNATURE OF BUSINESS OWNER, PARTNER, OR CORPORATE OFFICER	TELEPHONE NUMBER	

ARE YOU REGISTERED TO VOTE?

If not, you may request a Voter Registration form when you submit your application, or you can access www.nyccfb.info/nyc-votes online.

CITYWIDE LICENSING CENTER – DEPARTMENT OF HEALTH AND MENTAL HYGIENE – 42 BROADWAY, NEW YORK, NY 10004

APPLICATION FOR A LICENSE OR PERMIT

Radiation Producing Equipment

Supplemental Information

FACILITY INFORMATION

OPERATING HOURS

DAYS OF WEEK	OPENING TIME	CLOSING TIME
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

FACILITY TYPE

- ☐ Hospital
- ☐ Non-Hospital
- ☐ Veterinarian
- ☐ Podiatric
- ☐ Dental

FACILITY INFORMATION

Do you expect to conduct more than 2,500 patient exams per year?

☐ Yes ☐ No

Are you a facility that will have Veterinarian equipment?

☐ Yes ☐ No

Are you a facility that will have Dental equipment?

☐ Yes ☐ No

Are you a facility that will have Podiatric equipment?

☐ Yes ☐ No

Will Radiation Producing Equipment be used in a mobile van?

☐ Yes ☐ No

If yes, provide VIN for van:

_____

X-RAY PATIENTS PER YEAR

Expected number of **Patients** undergoing X-Rays per year: _____

INTERPRETING PHYSICIAN(s)

Will you have Onsite or Offsite Interpreting Physician(s)?

☐ Onsite ☐ Off-site

PROGRAM USE ONLY

Inspection Priority:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

APPLICATION FOR A LICENSE OR PERMIT

Radiation Producting Equipment

NYC Health

UNIT INFORMATION

(Complete this form for each unit)

LOCATION TYPE

- ☐ OR (Operating Room)
- ☐ CT Suite
- ☐ Cardiac Cath Lab
- ☐ Electrophysiology Lab
- ☐ Main Radiology
- ☐ Cysto Lab
- ☐ Mammography Suite
- ☐ Special Procedures Suite
- ☐ Hospital Dental Suite
- ☐ Vascular Operating Room
- ☐ X-ray Room
- ☐ Podiatric X-ray Room
- ☐ Dental X-ray Room
- ☐ Fluoroscopy Suite
- ☐ Radiographic X-ray Room
- ☐ Other

BUILDING NAME:

_____

(required only if Facility Type = Hospital needs)

Floor: _____

Location Name: _____

Room #: _____

EQUIPMENT TYPE

- ☐ Dental
- ☐ Fluoroscopic
- ☐ Mammographic
- ☐ Radiographic
- ☐ Therapy
- ☐ Academic/Commercial

Fixed or Not?

☐ Fixed ☐ Mobile

Machine Number:

_____

(required only if Mobile Unit

Number of Tubes:

Rated kV:

Year Manufactured:

Model #:

Installed Date:

SUBTYPE

- ☐ Analog
- ☐ Bone Densitometer
- ☐ C-Arm Fixed
- ☐ C-Arm Mobile
- ☐ CT
- ☐ Cephalometric
- ☐ Cone Beam CT
- ☐ Dental
- ☐ Digital
- ☐ Fixed
- ☐ Grenz Rays
- ☐ Linear Accelarator
- ☐ Mini C-Arm
- ☐ Mobile
- ☐ Ortho Voltage
- ☐ Panoramic
- ☐ Podiatric
- ☐ R/F
- ☐ Electron microscope
- ☐ X-ray diffraction equipment
- ☐ X-ray baggage screening units
- ☐ X-ray cabinet security system
- ☐ Stereotactic

MANUFACTURER

- ☐ Acoma Medical
- ☐ Eureka
- ☐ General Electric
- ☐ GE/OEC
- ☐ Genoray America
- ☐ Hologic, Inc.
- ☐ Machlett
- ☐ Midmark Corp
- ☐ MinX-ray, Inc
- ☐ OEC Medical
- ☐ Picker Intl
- ☐ Phillips
- ☐ Shimadzu
- ☐ Siemens/Acusion
- ☐ Sonosite
- ☐ Sounmed 2D
- ☐ Summit Indust
- ☐ Trex Medical Corp
- ☐ Xonics
- ☐ Ziehm
- ☐ Other (write in Name of Mfgr)

_____