

Form 700 110

State of Washington
Business Licensing Service
PO Box 9034
Olympia, WA 98507-9034
360-705-6741

X-Ray Facility and Devices Registration

This form must be submitted with the Business License Application.

Instructions

The Department of Health requires a shielding plan review prior to installation of certain x-ray units. For information about plan review requirements and related fees visit doh.wa.gov/communityandEnvironment/Radiation/XRay/XRayEquipmentRegistration/XRayFacilityPlanReview or call 1-800-299-9729.

Failure to provide the contact person and location telephone number will cause a delay in processing your x-ray application.

UBI:

Owner name:

Location email:

Location phone:

Contact person:

Technical contact person:

A X-ray facility and fee

Facility type	Facility fee
Radiation Machine Facility Registration (1600)	\$245

B X-ray tube types and fees

Provide the total number of tubes you have for each tube type. Multiply the number of tubes by the tube fee and write the total amount in the "Total fees per tube type" column.

Tube type	Number of tubes	Fee per tube	Total fees per tube type
Dental – Intraoral (1601)		x \$73 =	
Dental – Handheld (1602)		x \$73 =	
Dental – Panoramic/Cephalometric (1603)		x \$73 =	
Dental – Cone Beam CT (1604)		x \$73 =	
Dental – Educational (1605)		x \$73 =	

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Tube type	Number of tubes	Fee per tube	Total fees per tube type
Dental – Radiographic/Other (1606)		x \$73 =	
Veterinary – Radiographic (1607)		x \$97 =	
Veterinary – Portable (1608)		x \$97 =	
Veterinary – Dental (1609)		x \$97 =	
Veterinary – Cone Beam CT (1610)		x \$97 =	
Veterinary – Fluoroscopic (1611)		x \$141 =	
Veterinary – Computed Tomography (1612)		x \$240 =	
Podiatry – Radiographic (1613)		x \$108 =	
Podiatry – Cone Beam CT (1614)		x \$108 =	
Podiatry – Educational (1615)		x \$108 =	
Podiatry – Handheld (1616)		x \$108 =	
Podiatry – Fluoroscopic (1617)		x \$290 =	
Medical Radiographic – Fixed (1618)		x \$309 =	
Medical Radiographic – Mobile (1619)		x \$309 =	
Medical Radiographic – Portable (1620)		x \$309 =	
Medical Radiographic – Cone Beam CT (1621)		x \$309 =	
Medical Radiographic – Educational (1622)		x \$309 =	
Fluoroscopic – C-Arm (1623)		x \$290 =	
Fluoroscopic – Micro Amperage (Mini) C-Arm (1624)		x \$290 =	
Fluoroscopic – O-Arm (1625)		x \$290 =	
Fluoroscopic – Specialty Rooms (1626)		x \$290 =	
Fluoroscopic – Under Table (1627)		x \$290 =	
Fluoroscopic – Educational (1628)		x \$290 =	
Therapy – Accelerator (Linear) (1629)		x \$420 =	
Therapy – Non-Accelerator (1630)		x \$420 =	
Therapy – Superficial Radiation Therapy (Dermatology) (1631)		x \$420 =	
Therapy – Educational (1632)		x \$420 =	
Therapy – Other (1633)		x \$420 =	
Computed Tomography – Diagnostic (1634)		x \$983 =	

Tube type	Number of tubes	Fee per tube	Total fees per tube type
Computed Tomography – Simulation (1635)		x \$615 =	
Computed Tomography – Attenuation Correction (Pet/ Sect) (1636)		x \$615 =	
Computed Tomography – Portable (1637)		x \$983 =	
Computed Tomography – Mobile (1638)		x \$983 =	
Computed Tomography – Educational (1639)		x \$983 =	
Mammography – Standard (1640)		No fee	\$0
Mammography – Stereotactic (1641)		x \$70 =	
Bone Densitometer – Standard (1642)		x \$106 =	
Bone Densitometer – Body Composition Scanner (1643)		x \$106 =	
Industrial – Cabinet X-Ray (1644)		x \$167 =	
Industrial – Blood Irradiator (1645)		x \$167 =	
Industrial – Specimen Analyzer (1646)		x \$167 =	
Industrial – Medical Examiner (1647)		x \$167 =	
Industrial – Vault (less than 1 MeV) (1648)		x \$210 =	
Industrial – Vault (greater than 1 MeV) (1649)		x \$416 =	
Industrial – Open Beam Radiography (1650)		x \$167 =	
Industrial – Particle Accelerator (1651)		x \$416 =	
Security – Body Scanner (1652)		x \$167 =	
Security – Baggage Scanner (1653)		x \$167 =	
Security – Bomb Squad (1654)		x \$167 =	
Security – Back Scatter (1655)		x \$167 =	
Analytical – Cabinet XRF (1656)		x \$167 =	
Analytical – Handheld XRF (1657)		x \$167 =	
Analytical – X-Ray Diffraction (1658)		x \$167 =	
Electron Microscopes (1659)		No fee	\$0

Total x-ray tube fees due \$