



Minnesota Department of Health
 Radiation Control, X-ray Unit
 625 North Robert Street
 P.O. Box 64975
 St. Paul, Minnesota 55164-0975
 Phone (651) 201-4545 Fax (651) 201-4606

**RECIPROCITY FOR
 TEMPORARY X-RAY REGISTRATION IN MINNESOTA**

Company Name and Address:	Site of Temporary Usage/Facility Name & Address:
	Date of Temporary Usage:
	Telephone Number:
	Emergency Contact Number:
Personnel performing work:	On-site Contact Number:
Location of equipment (OR, Room 1, etc):	State Equipment Registered:
Client Name and Address:	Client Contact:
	Client's Telephone Number:
Describe the type of work and the purpose:	

DEVICE INFORMATION

Manufacturer:	Model No.:
Type:	mA/kVp:
Console Serial Number:	Tube Serial Number:

I certify that the information is accurate and complete. Sign and date.