



**Information of machine transferred, disposed of, or replaced:**

**Shielding Evaluation Information:** *If shielding is required for X-ray unit and has already been approved by the Department please attach a copy of the approval letter. If letter is not available, submit the following information:*

Room Housing Unit (Description or Room Number):	Date of the Department approved shielding:	Shielding review form enclosed	
		Shielding review form recently submitted and waiting for approval	
Registration No.:	Manufacturer:	Model No.:	Serial No.:

Transferred to (Name, address, and phone number):

Date of Transfer:	Transferee Registration No.:	Transferee Agency Interest No.:
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**OR**

**MACHINE HAS BEEN DISPOSED OF OR MADE INOPERABLE IN THE FOLLOWING MANNER** (Describe specific disposal procedures-if additional space is needed, provide attachments):

NOTE: When an x-ray machine is considered "inoperable" the X-ray tube insert has been removed by an x-ray company/service person. If a machine is "in storage" it must be registered and charged a registration fee unless it is made "inoperable".

Please provide any other detailed information that will assist the department in registering your machine(s).

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