

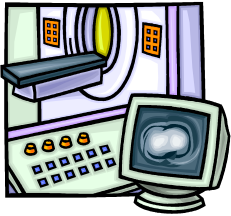


**RADIATION SAFETY SERVICES**

WEST VIRGINIA UNIVERSITY • HEALTH SCIENCES CENTER • WVU HOSPITALS • JEFFERSON MEMORIAL HOSPITAL

G-139 Health Sciences Center • PO Box 9006 • Morgantown, WV 26506-9006 • Phone: 304-293-3413 • Fax: 304-293-4529

**RSS Form #723**



**WVRHP REGISTRATION MODIFICATION FORM**  
This form shall be completed in its entirety when requesting a change to a registered radiation producing unit (e.g. change the location of use, disposal, surplus, new primary users, etc). *Complete one form for each unit.*  
Contact RSS for further information regarding this process.



Name of Requestor: \_\_\_\_\_ Dept: \_\_\_\_\_  
(Please print)

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Action Requested**

(please check at least one)

Disposal  Transfer to a new location  Modify primary user  Other (please explain below).

List the modification(s) required at this time on the registration number listed below: \_\_\_\_\_

\_\_\_\_\_

**Registration Number to be Modified**

Current Registration No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Facility/ Dept Name: \_\_\_\_\_ Name of Primary User: \_\_\_\_\_

**Description of Unit**

Model #: \_\_\_\_\_ Mfgr: \_\_\_\_\_

Control Serial #: \_\_\_\_\_ Tub Serial #: \_\_\_\_\_

Unit Current Location: \_\_\_\_\_

**New Facility or Location**

(NEW)

Facility/Department Name: \_\_\_\_\_

Relocated to Rm #: \_\_\_\_\_ Floor: \_\_\_\_\_ Bldg: \_\_\_\_\_ PO Box \_\_\_\_\_

Name of Primary User: \_\_\_\_\_ Phone # \_\_\_\_\_

