



**Pursuant to Workers' Compensation Law § 13-c**

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Department of Health Registration Number: \_\_\_\_\_

Name of Facility Director (or Supervising Physician): \_\_\_\_\_

Person in Charge of Radiation Safety (Radiation Safety Officer): \_\_\_\_\_

Date of the First Day of Operation: \_\_\_\_\_

Date of Last Inspection (if applicable): \_\_\_\_\_

On behalf of \_\_\_\_\_ (name of facility), I affirm that said facility is currently registered with the Department of Health as an installation that ionizes radiation through the operation of radiation equipment, and has obtained or will obtain a renewal of its registration certificate on or by \_\_\_\_\_, in accordance with all applicable rules and regulations governing the operation of radiation equipment, including, but not limited to, 10 NYCRR 16.50.

I affirm under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_