



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): _____

STATE OF NEW YORK)

COUNTY OF _____) SS:

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.

Signature: _____ Date: _____

Print Name: _____

VERIFICATION

_____, being duly sworn, deposes and says that they are the _____ of _____ the facility named in the forgoing affidavit; that they have read and know the contents thereof; and that all statements and information therein are true to their knowledge.

Sworn to before me, this _____ day of _____, 20____

Notary Public