

Instructions to Applicants for Registration as Radiation Machine Service Provider

Please [review 32 Ill. Adm. Code 322](#) before submitting an application requesting registration as a Radiation Machine Service Provider.

Submit the completed application with a nonrefundable registration fee of \$100.00 to:

Bureau of Finance
Illinois Emergency Management Agency
1035 Outer Park Dr
Springfield, IL 62704

Your check, payable to IEMA, will serve as your registration fee for the remainder of the calendar year.

You should receive confirmation of your registration from the Agency within 30 days of our receipt of the application.

If you have any questions, please contact Mary Ann Spohrer at (217) 524-3504, or visit our website at www.illinois.gov/iema/nrs/

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ILLINOIS EMERGENCY MANAGEMENT AGENCY

JB Pritzker
Governor

Alicia Tate-Nadeau
Acting Director

Radiation Machine Service Provider **Application for Registration of Persons Who Service or Install** **Radiation Producing Machines**

FEIN:			
Name of Company:			
Name of Responsible Person:			
	First	Mi	Last
Social Security Number: <i>Required if applying as individual</i>		Title:	
Company Address:			
	(City)	(State)	(Zip)
Phone:	FAX:	Email:	

If you are applying as an individual and not as a corporation or other legal entity, you must provide the following information in order to complete the registration process:

I certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order. Failure to certify may result in a denial of the registration and making a false statement may subject you to contempt of court. (5 ILCS 100/10-65).

I declare that all information either included with or appearing on this application is accurate and true to the best of my knowledge.

Signature _____

Date

IEMA USE ONLY:		
Account #	RMSP#	
Check #	Amount	Date