



# Oregon Microwave Oven Repair Facility License Application

Public Health Division | Radiation Protection Services

800 NE Oregon Street, Suite 640; Portland, OR 97232

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Fill out form completely and accurately online, or print the form and fill in printing clearly. Sign and date the form, make a copy for your records then mail, e-mail, or fax to RPS. Once the form is processed you will be sent an invoice for payment. Upon receipt of payment, RPS will send you a License to post. Form can be e-mailed to [judith.a.smith@oha.oregon.gov](mailto:judith.a.smith@oha.oregon.gov)

Check one:  New License  Renewal of license #: \_\_\_\_\_

## Registrant Information

Company Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

## Billing Address

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

## Compliance or Contact Information

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

Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

## Additional Information

Name of all individuals performing Repairs in Oregon (attach additional sheets as necessary):

\_\_\_\_\_

Have the above individuals been trained in accordance with OAR 333-112-0025?  Yes  No If No, who has not completed training?

\_\_\_\_\_

List the manufacturer and model of your testing equipment below. Does it meet the requirements of OAR 333-112-0020?  Yes  No

\_\_\_\_\_

I, the applicant or official executing this certificate on behalf of the applicant named on page one, certify that this application is prepared in conformity with the Oregon Rules for the Control of Radiation and that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

**Signature, Title, & Date:** \_\_\_\_\_

*Official Use Only:* Approved (date & initials): \_\_\_\_\_

Denied (date, initials, and reason): \_\_\_\_\_