STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BOARD OF DENTAL EXAMINERS
P.O. BOX 110806, JUNEAU, AK 99811-0806
(907) 465-2542
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RADIOLOGICAL EQUIPMENT REGISTRATION FORM

Note: When listing the "Location" of the Control Panel, please use the following example: OP 1, OP 2, etc.

For Office Use Only REGISTRATION NO.	
	MACHINE #1 ☐ Intraoral Film ☐ Extraoral Film ☐ Combination **Control Panel:** Manufacturer: _____ Model: _____ Serial Number: _____ Control Panel's Physical Location: _____ Date Installed: _____
	MACHINE #2 ☐ Intraoral Film ☐ Extraoral Film ☐ Combination **Control Panel:** Manufacturer: _____ Model: _____ Serial Number: _____ Control Panel's Physical Location: _____ Date Installed: _____
	MACHINE #3 ☐ Intraoral Film ☐ Extraoral Film ☐ Combination **Control Panel:** Manufacturer: _____ Model: _____ Serial Number: _____ Control Panel's Physical Location: _____ Date Installed: _____
	MACHINE #4 ☐ Intraoral Film ☐ Extraoral Film ☐ Combination **Control Panel:** Manufacturer: _____ Model: _____ Serial Number: _____ Control Panel's Physical Location: _____ Date Installed: _____

Name of Owner(s) or Lessee(s) of Equipment: _____

Physical Location of Equipment: _____
Street Address City State Zip Code

Mailing Address of Owner(s) or Lessee(s) of Equipment (if different than physical location):

_____
Street Address City State Zip Code

Telephone. No.: _____

Name(s) and License Number(s) of Dentist(s) where equipment is located:

_____ _____

_____ _____