ARRA-SRA
April 2015

APPLICATION AND REGISTRATION FOR SERVICING

4814 South 40th Street, Phoenix, Arizona 85040
(602) 255-4845 Fax (602) 437-0705
www.azrra.gov

BUSINESS NAME_____PHONE_____

EMAIL_____FAX_____

ADDRESS_____

CITY_____STATE_____ZIP_____

INDIVIDUAL IN CHARGE _____

MODALITY SERVICED

X-RAY_____ LASER_____ RADIOFREQUENCY_____ TANNING_____

TYPE OF SERVICE

INSTALLATION/SALES_____ REPAIRS/CALIBRATION_____ CONSULTATION_____
(SHIELDING, SAFETY SURVEYS)

SIGNATURE_____

TITLE_____

(FOR OFFICE USE ONLY)

NUMBER

EXPIRATION DATE

AGENCY DIRECTOR

DATE

NOTE: Arizona law requires that the Registrant notify the Agency whenever there is a change in the above information.

THIS FORM WILL BE YOUR REGISTRATION PURSUANT TO AGENCY VALIDATION