



Vendor/Service Provider Registration

<p>For DEP Use Only</p> <p>Registration Number 80- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
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Please Type or Print in Ink. Use supplementary sheets if necessary.

<p>① Legal Name of Company:</p>
<p>② Mailing Address:</p> <p style="margin-left: 40px;">City: State: Zip Code:</p>
<p>③ Telephone Number: () Fax Number: ()</p>
<p>④ Web Site:</p>
<p>⑤ Email Address:</p>
<p>⑥ Employer Identification Number (EIN):</p>
<p>⑦ Location Address (If different from mailing address):</p> <p style="margin-left: 40px;">City: State: Zip Code:</p>
<p>⑧ Area of Pennsylvania Served (Check all that apply, see map):</p> <p>All <input type="checkbox"/> SE <input type="checkbox"/> NE <input type="checkbox"/> SC <input type="checkbox"/> NC <input type="checkbox"/> SW <input type="checkbox"/> NW <input type="checkbox"/></p>
<p>⑨ Type of Activity (Check all that apply)</p> <p>Manufacturer <input type="checkbox"/> Vendor <input type="checkbox"/> Installer <input type="checkbox"/> Service/Repair <input type="checkbox"/></p>
<p>⑩ List any other regional offices within the Commonwealth:</p>

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Date Received:	Date into eFacts:	Client No.:	Account No.:
Check No.:	Check Amount:	Entered by:	

Registration Number 80- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (continued)																																																	
11	<p>Service or services provided (Check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Assembly/Removal</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 25%;">Machine Repair</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 25%;">Machine Calibration</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 20%;">Film Supplies</td> <td style="width: 5%;"><input type="checkbox"/></td> </tr> <tr> <td>Sales or Demo</td> <td><input type="checkbox"/></td> <td>Machine Loan/Lease</td> <td><input type="checkbox"/></td> <td>Film Processing</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> <td colspan="5">(List): _____</td> <td></td> <td></td> </tr> </table>	Assembly/Removal	<input type="checkbox"/>	Machine Repair	<input type="checkbox"/>	Machine Calibration	<input type="checkbox"/>	Film Supplies	<input type="checkbox"/>	Sales or Demo	<input type="checkbox"/>	Machine Loan/Lease	<input type="checkbox"/>	Film Processing	<input type="checkbox"/>			Other	<input type="checkbox"/>	(List): _____																													
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12	<p>Type of Equipment Sold, Installed, Serviced and Repaired (Check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Dental Intraoral</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 33%;">Industrial Radiographic</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 24%;">Diffraction</td> <td style="width: 5%;"><input type="checkbox"/></td> </tr> <tr> <td>Dental Panoramic</td> <td><input type="checkbox"/></td> <td>Other, Non-medical</td> <td><input type="checkbox"/></td> <td>Analytical</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mobile, Other Med</td> <td><input type="checkbox"/></td> <td>Radiographic</td> <td><input type="checkbox"/></td> <td>Accelerator</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fluoroscopic</td> <td><input type="checkbox"/></td> <td>R & F Combination</td> <td><input type="checkbox"/></td> <td>Spectroscopy</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Electron Microscope</td> <td><input type="checkbox"/></td> <td>CT Scanner</td> <td><input type="checkbox"/></td> <td>Cabinet X-ray</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Bone Densitometer</td> <td><input type="checkbox"/></td> <td>Therapeutic</td> <td><input type="checkbox"/></td> <td>Therapy Simulator</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lithotriptor</td> <td><input type="checkbox"/></td> <td>Baggage Inspection</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> <td colspan="4">(Explain): _____</td> </tr> </table>	Dental Intraoral	<input type="checkbox"/>	Industrial Radiographic	<input type="checkbox"/>	Diffraction	<input type="checkbox"/>	Dental Panoramic	<input type="checkbox"/>	Other, Non-medical	<input type="checkbox"/>	Analytical	<input type="checkbox"/>	Mobile, Other Med	<input type="checkbox"/>	Radiographic	<input type="checkbox"/>	Accelerator	<input type="checkbox"/>	Fluoroscopic	<input type="checkbox"/>	R & F Combination	<input type="checkbox"/>	Spectroscopy	<input type="checkbox"/>	Electron Microscope	<input type="checkbox"/>	CT Scanner	<input type="checkbox"/>	Cabinet X-ray	<input type="checkbox"/>	Bone Densitometer	<input type="checkbox"/>	Therapeutic	<input type="checkbox"/>	Therapy Simulator	<input type="checkbox"/>	Lithotriptor	<input type="checkbox"/>	Baggage Inspection	<input type="checkbox"/>			Other	<input type="checkbox"/>	(Explain): _____			
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Advise the Bureau in writing within 30 days after any changes listed below:

- The name of the Vendor previously submitted.
- The address of your office servicing Pennsylvania.
- The type of service rendered.

Note: This is an annual registration, registration fees are due each year.

13	Signature	Title or Position in Firm
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14	Print Name	Date
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