

**PAYMENT TRANSMITTAL FORM
X-RAY REGISTRATION**

Facility Name: _____

Attn: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Billing/Mailing Address, if different from above:

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Make check payable to the: **Maryland Department of the Environment/Radiation Control Fund**

Amount of Check: \$ _____ Check No.#: _____

IMPORTANT MAILING INFORMATION

Mail check with this transmittal form to:

**MARYLAND DEPARTMENT OF THE ENVIRONMENT
P.O. BOX 2198
BALTIMORE, MD 21203-2198**

CHECK ONLY ONE BOX:

<input type="checkbox"/>	Check here if the facility is NON-DENTAL
PCA:	13701
Agency:	U00
Object:	5688
Suffix:	709
Transaction Code:	410

<input type="checkbox"/>	Check here if the facility is DENTAL
PCA:	13701
Agency:	U00
Object:	5689
Suffix:	709
Transaction Code:	410

Privacy Act Notice: This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. § 552a. Disclosure of your Social Security or Federal Tax Identification on this form is mandatory pursuant to the provisions of § 1-203 (2003) of Environment Article, Annotated Code of Maryland, which requires MDE to verify that an applicant for a permit or license has paid all undisputed taxes and unemployment insurance. Social Security and Federal Tax Identification Nos. will not be used for any purposes other than those described in this Notice.

Please insert your Federal I.D. Number or Social Security Number:

~THIS IS NOT AN APPROVAL~

