

**PAYMENT TRANSMITTAL FORM  
X-RAY REGISTRATION**

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

Attn: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

**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:**

Check here if the facility is  
**NON-DENTAL**

PCA:	<b>13701</b>
Agency:	<b>U00</b>
Object:	<b>5688</b>
Suffix:	<b>709</b>
Transaction Code:	<b>410</b>

Check here if the facility is  
**DENTAL (HUMAN USE)**

PCA:	<b>13701</b>
Agency:	<b>U00</b>
Object:	<b>5689</b>
Suffix:	<b>709</b>
Transaction Code:	<b>410</b>

**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~

