



Republic of the Philippines
 Department of Health
 Food and Drug Administration
**CENTER FOR DEVICE REGULATION,
 RADIATION HEALTH, AND RESEARCH**



**CHECKLIST FOR RENEWAL / ISSUANCE OF A LICENSE TO OPERATE (LTO)
 A NON-MEDICAL X-RAY FACILITY**

<input type="checkbox"/>	1.	Duly accomplished non-medical x-ray license application form (2 copies).
<input type="checkbox"/>	2.	License application fee (refer to the schedule of fees below). For mailed applications, Postal Money Order or Manager's Check shall be payable to the FOOD AND DRUG ADMINISTRATION. (PMO Address: Alabang, Muntinlupa City)
<input type="checkbox"/>	3.	Photocopy of the Official Receipt of the personal dose monitor (TLD or OSL) from the provider of personnel dose monitoring service. (FOR RENEWAL APPLICATION ONLY)
<input type="checkbox"/>	4.	Photocopy of the personal dose evaluation reports within the validity period of the previous license (FOR RENEWAL APPLICATION ONLY)
<input type="checkbox"/>	5.	Photocopy of certificate of training of the radiation protection officer (RPO) in an appropriate Radiation Protection for Radiation Safety Officers training course conducted by an organization recognized by the CDRRHR.
<input type="checkbox"/>	6.	Provision of Radiation Survey Meter. Applicant must be able to provide adequate access to a radiation monitoring instrument, for the conduct of the appropriate regular workplace monitoring.
<input type="checkbox"/>	7.	Photocopy of valid Radiation Survey Meter Calibration Certificate. The radiation monitoring instrument should be calibrated at least once a year.
<input type="checkbox"/>	8.	Copy of periodic workplace area monitoring results within the validity period of the expired license (for renewal applicants only).
<input type="checkbox"/>	9.	Duly filled-up and notarized affidavit of continuous compliance (FOR RENEWAL APPLICATION ONLY) .
<input type="checkbox"/>	10.	Photocopy of the business/mayor's permit or SEC/DTI registration of the facility (FOR INITIAL APPLICANTS AND RENEWAL APPLICANTS WITH NEW ADDRESS) .
<input type="checkbox"/>	11.	Photocopy of the latest License to Operate. (FOR RENEWAL APPLICATION ONLY) .

Schedule of Fees (per x-ray machine)

mA RANGE	INITIAL	RENEWAL (Valid LTO)	Renewal of Expired LTO				
			1 st Month	2 nd Month	3 rd Month	4 th Month	> 4 months
100 and below	810.00	410.00	1,250.00	1,290.00	1,330.00	1,370.00	1,770.00
101 up to 300	1,111.00	560.00	1,715.00	1,770.00	1,825.00	1,880.00	2,431.00
301 up to 500	1,414.00	710.00	2,180.00	2,250.00	2,320.00	2,390.00	3,094.00
501 up to 700	1,717.00	860.00	2,645.00	2,730.00	2,815.00	2,900.00	3,757.00
greater than 700	2,020.00	1,010.00	3,110.00	3,210.00	3,310.00	3,410.00	4,420.00

Notes:

- The surcharge/penalty for late filing of the renewal of LTO will be assessed pursuant to the Implementing Rules and Regulations (Book II, Article I Section 3.A.2) of RA 9711 and to the FDA Circular No. 2011-004 as follows:

“An application for renewal of an LTO received after its date of expiration shall be subject to a surcharge or penalty equivalent to twice the renewal licensing fee and an additional 10% per month or a fraction thereof of continuing non-submission of such application up to a maximum of one hundred twenty (120) days. Any application for renewal of license filed thereafter shall be considered expired and the application shall be subject to a fee equivalent to the total surcharge or penalty plus the initial filing fee and the application shall undergo the initial filing and evaluation procedure.”

- Pursuant to FDA Circular No. 2011-003, a Legal Research Fee (LRF) amounting to “one percent (1%) of the filing fee imposed, but in no case lower than ten pesos” shall be collected.
- Incomplete requirements shall not be processed.
- For initial/renewal application, fee paid shall be forfeited when the facility fails to comply with the licensing requirements within 60 days upon proper notice from the CDRRHR. (Section 5 item no. 2 of the Bureau Order No. 005 s. 2005)





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Form No.:	QWP-CDRRHR-4-01-Annex 2.3
Revision:	01

APPLICATION FORM FOR A LICENSE TO OPERATE A NON-MEDICAL X-RAY FACILITY

General Instructions: Write legibly and in BLOCK letters. Put an “x” mark on appropriate tick box. Completely fill-up the required information and signatures. The CDRRHR will not receive and process unduly filled-up application forms. For requirements, please refer to the attached checklist.

<p>TYPE OF AUTHORIZATION <input type="checkbox"/> New application <input type="checkbox"/> Renewal of LTO <input type="checkbox"/> Amendment to existing LTO # _____ Reason/s for amendment: _____</p> <p>TYPE OF NON-MEDICAL X-RAY FACILITY <input type="checkbox"/> Industrial <input type="checkbox"/> Anti-crime <input type="checkbox"/> Research</p> <p>I General Information Name of Facility : _____ Facility Address : _____ Contact No./s : _____</p> <p>Name and Address of the Applicant (Legal Person), Company, Organization, etc. Name : _____ Position/Designation: _____ Address : _____ Contact No./s. _____ Email Address : _____</p>	<p>For CDRRHR use</p> <p>Reference No: _____</p> <p><input type="checkbox"/> Thru mail <input type="checkbox"/> Walk-in</p> <p>Attachments: <input type="checkbox"/> Check. <input type="checkbox"/> PMO No. : _____ Amount: _____</p> <p>Fee Paid PHP: _____ O.R #: _____ Date Paid: _____</p> <p>Received by: _____ Date : _____ Time: _____</p> <p>Evaluation: Date Received: _____ Time: _____</p> <p>Remarks: _____ _____ _____ _____ _____ _____ _____ _____ _____</p> <p>Recommending Approval: _____ Date: _____</p> <p>Encoded by: _____ Date: _____</p>
<p>II Name and qualifications of the personnel working in the x-ray facility</p>	
<p>Radiation Protection Officer (RPO)</p> <p>Name : _____ Qualification : _____ SIGNATURE: _____</p>	
<p>III Declaration of the veracity of information: To be signed by the legal person/owner</p> <p>I hereby declare that all the information provided on the form and in support of this application is to the best of my knowledge complete and true in every particular.</p> <p style="text-align: right;">_____ Printed Name and Signature Position: _____ Date: _____</p>	



