



**ARIZONA RADIATION REGULATORY AGENCY**  
4814 South 40<sup>th</sup> Street, Phoenix AZ 85040

**Notice of Registration Certificate for Ionizing Radiation Machine**

1. Name of Registrant		2. Facility Address	
UNIVERSITY OF ARIZONA LOWELL STEVENS FOOTBALL FACILITY		640 North Vine Avenue Tucson, AZ 85719	
3. Type of Facility	4. Expiration Date	5. Registration Number	
<b>MEDICAL</b>	<b>August 31, 2023</b>	<b>10-M-10134</b>	

Registration Information

Reference:	NEW REGISTRANT
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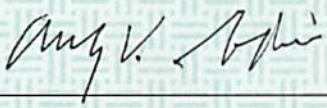
Unit Number	Manufacturer	Model Name or Model Number	Machine Type & Sub-type	Number of X-Ray Tubes/Unit	Room Number or Note
1	HOLOGIC	INSIGHT II	Mobile C-Arm Fluoroscopic	1	Room 167 <b>(M2135)</b>

Conditions:

6. The Registrant shall notify The Arizona Radiation Regulatory Agency within thirty days of any change which renders the information contained in the application no longer accurate. A change in the ownership or possession of the x-ray source shall terminate this registration
7. No person in any advertisement shall refer to the fact that a source of radiation is registered with the Arizona Radiation Regulatory Agency and no person shall state or imply that any activity under this registration has been approved by this Agency.
8. The Registrant shall comply with all applicable provisions of the Arizona Radiation Regulatory Agency Rules.
9. The equipment registered is for the use stated in item 3 above.

**POST IN ACCORDANCE WITH R12-1-1002**

The Registrant's installation and the non-licensed source(s) of radiation is(are) hereby duly registered pursuant to A.R.S. § 30-672 and in reliance on statements and representations heretofore made by the registrant in application dated: August 16, 2013.

Staff Init.	Date		Aubrey V. Godwin, Director
sec	September 13, 2013		