

- 1) Create your new account by completing the page below. The email requested here will be the primary email for all corresponding information. Please ensure that you adhere to the password requirements.

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Create New Account

username should have email format, example - abc@xyz.com
Your password must be ten or more characters long.

First Name

Last Name

Create Username

Email

Password

Confirm Password

[Sign-Up](#)

[Already have an account?](#)

Welcome to the Division of Food Safety Portal

DC Health protects consumers by ensuring sanitary conditions at food establishments in the District of Columbia.

Login or Create an Account to:

- Apply for mobile vending permits(food trucks)
- Apply for cottage food business permits(operation out of private residence)
- Apply for shared kitchen use permit
- Manage inspections and remediation plans for health violations
- Check the status of past applications

About DC Health

DC health promotes health, wellness, and equity, across the District, and protects the safety of residents, visitors and those doing business in our nation's Capital.

Our Responsibilities include identifying health risks; educating the public; preventing and controlling diseases, injuries and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources.

- 2) Once you've created your account, the homepage of the application portal will allow you to submit applications, save your draft applications, and review their status.

DC HEALTH Home [Submit Application](#) [Application History](#) Support

Q Search... test food ▾

Welcome to the Office of Food, Drug, Radiation, & Community Hygiene Portal

DC Health protects consumers by ensuring sanitary conditions at establishments in the District of Columbia

Quick Links

- [Certified Food Protection Manager \(CFPM\)](#)
- [Understanding Food Establishment Inspections Information](#)
- [Frequently Asked Questions](#)
- [Department of Consumer and Regulatory Affairs \(DCRA\)](#)

3) Select your choice of application.

- **Body Arts Facility-** Tattoo & Body piercing businesses
- **Tanning Facility-** Businesses with tanning beds & booths (gyms, spas, etc.)
- **Tanning Manager's ID-** Individuals managing the use of tanning equipment and/or tanning facilities
- **Tanning Equipment Suppliers-** Companies/Businesses that service and provide tanning equipment
- **Radiation Producing Machines-** Facilities housing radiation producing machines (Hospitals, Vets, Clinics, Dental & Medical practices, etc.)
- **Radiation Supplier-** Companies/Businesses that service and provide radiation producing equipment
- **Health Physics Services-** individuals who may develop, implement, and oversee radiation protection programs involving radioactive materials, x-ray devices, and/or non-ionizing radiation. They may also develop shielding plans for facilities
- **Medical Device-** Companies/Businesses that manufacture, import, distribute or vend durable medical devices to or within the District of Columbia



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DC HEALTH Home [Submit Application](#) Application History Support

Q Search... test food ▾

*Select which to apply for.

- Certified Employee Identification Card Application (CFPM or CPO)
- Cottage Food Registry Application
- Mobile Vending Application
- Shared Kitchen Application
- Variance Request
- Body Arts Facility
- Tanning Facility
- Tanning Manager's ID
- Tanning Equipment Supplier
- Radiation Producing Machines
- Radiation Supplier
- Health Physics Services
- Medical Devices
- Bedding and Upholstery License

Next

4) Fill in the mandatory fields and click on the blue "Save & Next" button. (Pic of Radiation Producing Machine application)

The screenshot shows the 'Owner/Operator Information' section of a web application. At the top, there is a navigation bar with the DC Health logo and the text 'GOVERNMENT OF THE DISTRICT OF COLUMBIA' and 'MURIEL BOWSER, MAYOR'. Below the navigation bar, there are links for 'Home', 'Submit Application', 'Application History', and 'Support'. A search bar is located on the right side of the navigation bar. The main form area contains several input fields and dropdown menus, all marked with an asterisk to indicate they are mandatory. The fields are: 'Owner First Name' (text input), 'Owner Last Name' (text input), 'Owner's Address' (text input), 'City' (text input), 'Zip Code' (text input), 'Primary Phone' (text input), 'Is this a Dental or Medical application?' (dropdown menu with options: --None--, Dental, Medical), 'Quadrant' (dropdown menu with option: --None--), 'State' (dropdown menu with option: --None--), 'Ward' (dropdown menu with option: --None--), and 'Email Address' (text input). A blue 'Save & Next' button is located at the bottom right of the form area.

The screenshot shows the 'Business Information' section of a web application. At the top, there is a navigation bar with the DC Health logo and the text 'GOVERNMENT OF THE DISTRICT OF COLUMBIA' and 'MURIEL BOWSER, MAYOR'. Below the navigation bar, there are links for 'Home', 'Submit Application', 'Application History', and 'Support'. A search bar is located on the right side of the navigation bar. The main form area contains several input fields and a checkbox group. The fields are: 'Type of Facility' (checkbox group with options: Hospital, Clinic/Urgent care, Vet Clinic, Research, Physician's office, Government, Private Business), 'Name of Facility' (text input), 'Physical Address' (text input), 'City' (text input), 'Zip Code' (text input), 'Primary Phone' (text input), 'Quadrant' (dropdown menu with option: --None--), 'State' (dropdown menu with option: --None--), 'Ward' (dropdown menu with option: --None--), and 'Email Address' (text input). The 'Vet Clinic' checkbox is checked.

5) To add your radiation producing machines and required information click on the “Add Row” button (+) for each device.

The screenshot shows the 'Radiation Producing Equipment' form. At the top right, there is a header for 'DC HEALTH' and 'GOVERNMENT OF THE DISTRICT OF COLUMBIA' with the name 'MURIEL BOWSER, MAYOR'. Below the header is a navigation bar with 'Home', 'Submit Application', 'Application History', and 'Support'. A search bar and a 'test food' dropdown are also present. The main form area has a title 'Radiation Producing Equipment' and an 'Add Row (+)' button circled in yellow with an arrow pointing to it. Below the button is a table header with columns: SR.NO, IS THIS MACHINE PORTABLE/MOBILE?, ROOM, MAX KVP, MANUFACTURER, IF OTHER, SPECIFY, GENERATOR, X-RAY TUBE SERIAL NUMBER, TYPE OF MODALITY, IF OTHER, SPECIFY, PURPOSE, and IF OTHER, SPECIFY. Below the table header is a section titled 'List of Radiation Machines:' followed by a table with the same columns as above. At the bottom right of the form are 'Previous' and 'Save & Next' buttons.

6) After you add your machine info, click on the “Submit” button to save your inventory on the application.

The screenshot shows the 'Radiation Producing Equipment' form with three rows of machine information entered. The 'Submit' button is circled in yellow with an arrow pointing to it. The table data is as follows:

SR.NO	IS THIS MACHINE PORTABLE/MOBILE?	ROOM	MAX KVP	MANUFACTURER	IF OTHER, SPECIFY	GENERATOR	X-RAY TUBE SERIAL NUMBER	TYPE OF MODALITY	IF OTHER, SPECIFY	PURPOSE	IF OTHER, SPECIFY
1	Yes	8	150	General Elect		xxxxx	xxxxxxxx	Therapy		Anim	
2	No	6	70	Gendex		xxxxx	xxxxx	Dental		Anim	
3	No	7	80	RayScan		xxxxx	xxxxx	Other		Anim	

Below the table is a section titled 'List of Radiation Machines:' followed by a table with the same columns as above. At the bottom right of the form is a 'Submit' button circled in yellow.

- 7) Once you have clicked “Submit” your inventory should populate under “List of Radiation Machines”. Next, please ensure you click the “Save & Next” button

DC HEALTH | Home | Submit Application | Application History | Support

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Search... test food

Add Row +

SR.NO	IS THIS MACHINE PORTABLE/MOBILE?	ROOM	MAX KVP	MANUFACTURER	IF OTHER, SPECIFY	GENERATOR	X-RAY TUBE SERIAL NUMBER	TYPE OF MODALITY	IF OTHER, SPECIFY	PURPOSE	IF OTHER, SPECIFY
List of Radiation Machines:											
<input type="checkbox"/>	1	Yes	6	78	Gendex	xxx	xxxxx	Photofluorographic		Animal Use	
<input type="checkbox"/>	2	No	3	78	Shimadzu	xxxx	xxxxx	Analytical		Human Use- Therapeutic	
<input type="checkbox"/>	3	Yes	47	78	Fujifilm	xxx	xxxxx	Fluoroscopic		Research-Educational	

Delete

Previous Save & Next

- 8) To complete the Clean Hands Form click on “Downloadable File of Clean Hands Form” The form should download to your computer. If you cannot download the form, please access our website to obtain the Form (Insert link)

DC HEALTH | Home | Submit Application | Application History | Support

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Search... test food

Attestation

[Downloadable File of Clean Hands Form](#)

Please Upload Document

Upload Files Or drop files


*How many tubes do you have?

Previous Save & Next

- 9) This is the Clean Hands form. After you fill in the requested information, please click on the download button and select “With your changes” to ensure the changes are being recorded on your downloaded Clean Hands form.

CleanHandsForm (4).pdf
1 / 2 83%

Download
Print



GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

“DELINQUENT DEBT RECOVERY ACT OF 2012”

SELF-CERTIFICATION FORM

PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING

Pursuant to the DC Official Code § 47-2862, a false statement on this Self-Certification Form can result in the immediate revocation of the license or permit for which you are now applying pursuant to the “Delinquent Debt Recovery Act of 2012”, effective September 20, 2012 (DC Law 19-168, D.C. Official Code § 47-2866 et seq.).

I, Beyonce, certify that as of XX/XX/XXXX, I do not
(Print Name Clearly) (Date)

Notwithstanding any other provision of law, the District Government shall not issue or reissue a license or permit to any applicant for a license or permit if the applicant:

- (1) Owes the District more than \$100 in outstanding fines, penalties, or interest assessed pursuant to the following acts or any regulations promulgated under the authority of the following acts, the:
 - (A) Litter Control Administrative Act of 1985, effective March 25, 1986 (D.C. Law 6-109; D.C. Official Code § 8-80) et seq.;
 - (B) Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Official Code § 8-90) et seq.;
 - (C) District of Columbia Traffic Adjudication Act of 1978, effective September 12, 1978 (D.C. Law 2-104; D.C. Official Code § 50-2301.01 et seq.);
 - (D) Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1985 (D.C. Law 6-2; D.C. Official Code § 2-1801.01 et seq.);
 - (E) Department of For-Hire Vehicles Establishment Act of 1985, effective March 25, 1986 (D.C. Law 6-97; D.C. Official Code § 50-301.01 et seq.); or
 - (F) The Compulsory/No-Fault Motor Vehicle Insurance Act of 1982, effective September 18, 1982 (D.C. Law 4-155; D.C. Official Code § 31-2401 et seq.);
- (2) Owes the District more than \$100 in past due taxes;
- (3) Owes fines assessed to car dealers pursuant to § 50-1501 (2)(v);
- (4) Owes parking fines or penalties assessed by another jurisdiction; provided, that a reciprocity agreement is in effect between the jurisdiction and the District;

- (5) Oves past due District of Columbia Water and Sewer Authority service charges or fees;
- (6) Oves a vehicle conveyance fee, as that term is defined in § 50-2302.01(i);
- (7) Oves the District more than \$100 in outstanding fines, penalties, or interest;
- (8) Has failed to file required District tax returns; or
- (9) Oves the District any past due fines, penalties, or past due restitution on behalf of an employee due to a violation of [Chapter 13 of Title 33](#), [Chapter 1A of Title 33](#), [Chapter 10 of Title 33](#), or [Subchapter X-A of Chapter 2 of Title 2](#).
 - (b) For purposes of this section, if: (A) the amount of outstanding debt over \$100 is subject to dispute, (B) the applicant has properly and timely appealed the infraction, assessment, tax, or basis for the alleged debt, and (C) the appeal is pending, then the outstanding debt shall not be cause for the District government to deny the issuance or reissuance of any license or permit pursuant to subsection (a) of this section. Nothing in this section shall be construed as allowing the nonpayment of any tax, fee, fine, penalty, or any other debt owed to the District Government for which payment is required by other law.
 - (c) A license or permit shall not be denied pursuant to subsection (a) of this section if the applicant has agreed to a payment schedule to eliminate the outstanding debt, the payment schedule has been agreed to by the District Government, the applicant is complying with the payment schedule, and the payment schedule is otherwise permitted by law.
 - (d) This section shall not apply to an applicant for a block party permit pursuant to [Chapter 6A of Title 9 § 9-621](#) et seq.

I understand that if I knowingly falsify this Certification, the Department will move to revoke the license or permit for which I am applying. I further understand that the Department may conduct an investigation to ascertain the veracity of this Certification.

I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

Beyonce
Applicant's Name (Printed)

Applicant's Signature

XX/XX/XXXX
Date

With your changes
Without your changes

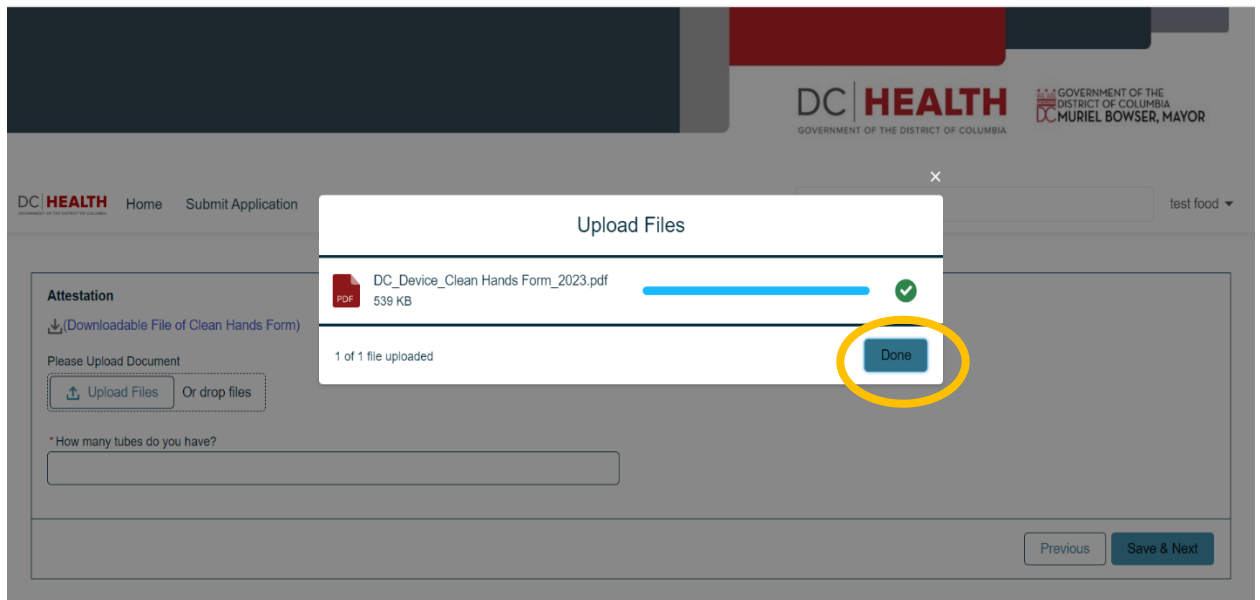
809 North Capitol Street NE | 2nd Fl, Washington, DC 20002 | ☎ 202-724-8800 | ✉ 202-724-8677 | dchealth.dc.gov

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10) Upload your saved Clean Hands form from your computer by clicking on the “Upload file” button



10) Once you’ve successfully uploaded your Clean Hands form you should see the screen below and click the “Done” Button. You will see your document populated under the “Upload Files” area.



11) *This is only for the Radiation Producing Machines Application* Next, type in the number of tubes listed from the “Radiation Machines” page (see step #7). Click “Save & Next”

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DC HEALTH Home Submit Application Application History Support

Search... test food

Attestation
Downloadable File of Clean Hands Form

Please Upload Document

Upload Files Or drop files

DC_Device_Clean Hands Form... x

*How many tubes do you have?

Previous Save & Next

12) The application fee is displayed, click “Save & Next”

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DC HEALTH Home Submit Application Application History Support

Search... test food

Select Fee Type:
Fee : 450.00

Previous Save & Next

13) Complete the payment information and click on "Pay \$x.xx"

DC HEALTH Home Submit Application Application History Support

Search... test food

Your application will not be reviewed until the DC Department of Health has processed an approved payment.

Billing Address

Street Address

Apt / Suite

City

State

Zip Code

Payment Info

Beyoncé

4111 1111 1111 1111 VISA

09 / 24

Pay \$450.00

Click the Next button at the bottom of this page to Certify & Submit the application.

Next

14) The below screen should appear after you've successfully paid. Click on the "Next" button to continue.

DC HEALTH Home Submit Application Application History Support

Search... test food

Your application will not be reviewed until the DC Department of Health has processed an approved payment.

Transaction approved

Click the Next button at the bottom of this page to Certify & Submit the application.

Next

15) Electronically sign attesting to all information submitted and acknowledgement of governing regulations. Click on “Submit” to complete your application.

Press F11 to exit full screen

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DC HEALTH Home Submit Application Application History Support

Search... test food

Verify & Submit

By signing and submitting this application, I have received and read the District of Columbia Radiation Regulations, Title 22 B67-69 of the District of Columbia Municipal Regulations. I certify that this facility and its devices meet these standards. I realize I will be liable for fines and /or penalties specified in the regulations if I fail to correct violations cited by the Department of Health. I also certify that statements made in this application are true, complete and correct to the best of my knowledge and belief.

* Electronic Signature
Beyonce

* Date
Aug 18, 2023

Previous Submit

16) Below page will show confirmation of a successful submission. Press the “Close” button.

Press F11 to exit full screen

DC HEALTH GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR

DC HEALTH Home Submit Application Application History Support

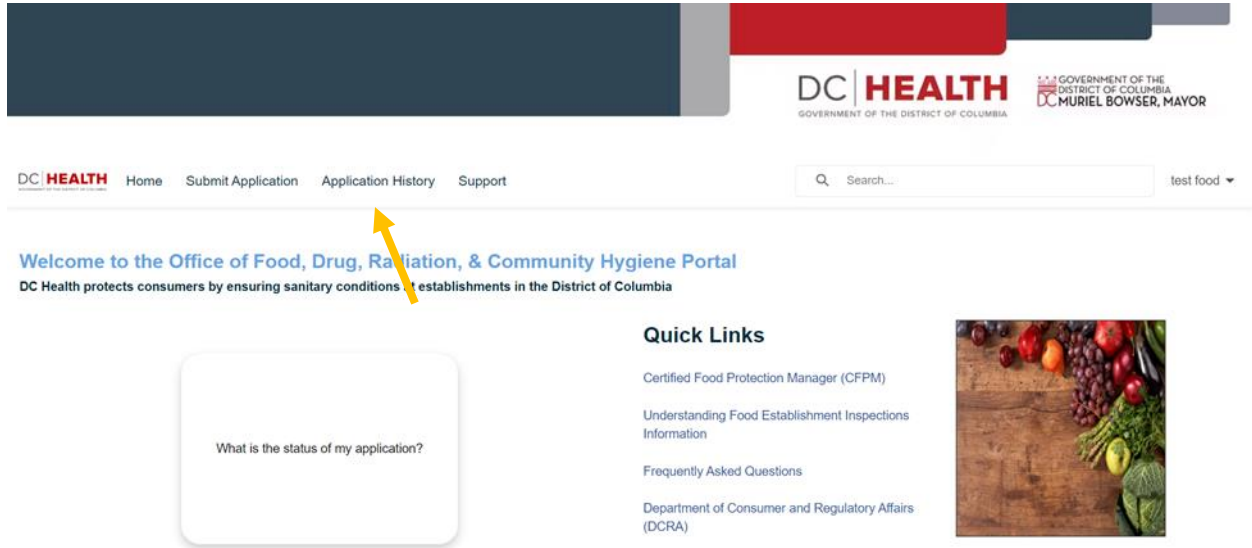
Search... test food

Successful Submission

You have successfully submitted your Registration for Radiation Producing Machine application. Once review is complete, you will be notified by our team. You may now hit the "Close" button or close your browser.

Close

17) Your application progress is saved every time you click the “Save & Next” at the bottom of each page. Any applications started or in progress but not complete can be accessed from the home page by clicking on the “Application History”.



18) Once you click on “Application History” you’ll be able to see all your applications, case IDs affiliated with the applications and their statuses. Any applications with “Edit” in the “Action” column and “draft” in the “Status” column can be amended or updated.

ACTION	CASE NUMBER	DATE/TIME OPENED	APPLICATION TYPE	STATUS
	00020307	2023-08-11T15:05:03.000Z	CEID	Approved
	00020306	2023-08-03T15:38:26.000Z	Radiation_Producing_Machines_Case_Details	Submitted
Edit	00020305	2023-08-03T15:38:01.000Z	Tanning_Equipment_and_Devices	Draft
Edit	00020304	2023-08-03T15:37:37.000Z	Tanning_Manager_s_ID	Draft
Edit	00020303	2023-08-03T15:37:17.000Z	Tanning_Facility	Draft
Edit	00020302	2023-08-03T15:36:47.000Z	Body_Arts_Facility	Draft
	00020297	2023-07-31T16:57:44.000Z	Medical_Devices	Approved