 **If entering data via DWELR, please confirm your data was not submitted prior to resubmitting data.** ✕  
CLOSE

Welcome to the new GreenPort powered by the PA Keystone Login!



Login to your account

**Note: Do not use your Old DEP GreenPort account created before 03/20/2021.**

Username

Password

Login

- [What is GreenPort?](#)
- [Forgot Username?](#)
- [Forgot Password?](#)
- [Need your account unlocked?](#)

Register a new GreenPort account

Register

**When you register a new GreenPort account, you automatically create a new Keystone Login account.**

PA Keystone Login is an account management system for commonwealth online services. You can use your PA Keystone Login username and password to log into any online service that participates in PA Keystone Login.



[Keystone Login FAQ](#)

## Welcome to the e-permitting Home page!

In the area below, you will see any program areas which you have enrolled in. Click on the program area where you need to do work. There is also an Enrollment Dashboard which would allow you to enroll in additional program areas or additional clients.

Click Here



Radiation Protection



Enrollment Dashboard

## ePermit Dashboard

Pending (3) Verifying Payment (2) Completed (22)									
	Client ID	Client Name	Authorization Type				Overall Status		
<input type="checkbox"/>	98130	BUCHER JAMES A	Radiation Producing Machine Renewal				<span style="color: green;">⊕</span>		
	Facility Id	Facility Name	City	Invoice Number	Invoice Date	Balance Due	Due Date	Status	Edit
<input type="checkbox"/>	01-05642	BUCHER JAMES A DMD	WAYNE	1076767	10/31/2018	\$250.00	12/31/2018	<span style="color: green;">⊕</span>	
<input type="checkbox"/>	99938	EATON JAMES	Radiation Producing Machine Renewal				<span style="color: red;">⊖</span>		
	Facility Id	Facility Name	City	Invoice Number	Invoice Date	Balance Due	Due Date	Status	Edit
<input type="checkbox"/>	01-02893	EATON JAMES DDS	GROVE CITY	1076807	10/31/2018	\$200.00	12/31/2018	<span style="color: red;">⊖</span>	
<input type="checkbox"/>	133057	DONOHUE DANE	Radiation Producing Machine Renewal				<span style="color: red;">⊖</span>		
	Facility Id	Facility Name	City	Invoice Number	Invoice Date	Balance Due	Due Date	Status	Edit
<input type="checkbox"/>	05-37045	DONOHUE DANE DC	NEWTOWN	1077098	10/31/2018	\$400.00	12/31/2018	<span style="color: red;">⊖</span>	
<a href="#">Pay &amp; Submit</a>						Total: \$0			

Click on the Edit button for the registration you want to pay.



ePermit Authorization Overview

Radiation Producing Machine Renewal - Renewal

[View All Modules](#)

Included	Go To	Status	Completed
<input checked="" type="checkbox"/>	Verify Facility Information		
<input checked="" type="checkbox"/>	Registration Fee		12/10/2021

[Final Completeness Check](#) [Pay & Submit](#) [Back](#)

[Dashboard](#) > [Overview](#) > [Verify Facility Information](#)

ePermit Module Detail - Verify Facility Information

Location Information

Registration ID: 05-37045

Facility Type: Chiropractor

Facility Name: DONOHUE DANE DC

Street # and Name: 121 FRIENDS LANE

Address Line #2: STE 100

City: NEWTOWN State: PA Zip code: 16940

I agree the above information is accurate.\*  [Click Here](#)

If the Location Information is incorrect, please contact the Bureau of Radiation Protection at 717.787.3720

Billing Information

EIN

I agree that the EIN listed above is accurate.\*

Click Here

If the EIN is incorrect, please contact the Bureau of Radiation Protection at 717.787.3720 to have the EIN corrected.

Should the invoice be sent to the same address as listed above?\*

Yes  No

Click Yes or No

First Name

Middle Initial

Last Name

Title

Contact Firm

Street # and Name or P.O. Box\*

Address Line #2

City\*

State\*

Zip\*

Country

Telephone #

Ext.

Email

FAX

Tube Inventory Information

I possess radiation producing equipment.\*



Click Here

Invoiced Qty	Adjusted Qty	X-Ray Tube	Edit
0	0	Medical Blood Irradiator	
0	0	Medical Bone Densitometer	
0	0	Medical CT On-Board Imaging	
0	0	Medical CT Scanner	
0	0	Medical CT Simulator	
0	0	Medical Cone Beam CT	
0	0	Medical Dental Intraoral	
0	0	Medical Dental Intraoral Handheld	
0	0	Medical Dental Pan-Ceph	
0	0	Medical Fluoroscope	
0	0	Medical Lithotripter	
0	0	Medical Other	
1	1	Medical Radiographic	
0	0	Medical Therapeutic	
0	0	Medical Veterinary Fluoroscopic	
0	0	Medical Veterinary Radiographic	

Edit if Needed

Certify

State law requires renewal of your registration annually. Failure to register your equipment in Pennsylvania is illegal and is subject to substantial penalties.

Name of Owner/Authorized Individual\*

Lisa Funk



Fill in Here

Title\*

Supervisor



Fill in Here

Date\*

12/10/2021



Fill in Here

Then Click Here

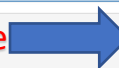


Save

Completeness Check

Back

Finally Click Here





Continue →

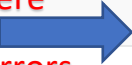
Application Fees


Registration Fee	
Item	Fee
Annual Administrative Fee	\$ 350.00
Invoiced Tube Renewal Fee	\$ 50.00
Total Invoiced Fee	\$ 400.00
Past Amount Due	\$ 0.00
Invoiced Amount Due	\$ 400.00
Added Tubes Adjustment	\$ 0.00
Removed Tubes Adjustment	- \$ 0.00
<b>Total</b>	<b>\$400.00</b>


Back to Overview  **Click Here** ← Previous

ePermit Authorization Overview

Radiation Producing Machine Renewal - Renewal			
Included	Go To	Status	Completed
<input checked="" type="checkbox"/>	Verify Facility Information		12/10/2021
	Registration Fee		12/10/2021

**If not Click Here**  **And Fix Errors**

**This must be Green** 

**Then Click Here** 

View All Modules Final Completeness Check Pay & Submit Back

Submission Validation Messages

Module Validation				
Status	Module Name	Module Complete	Detail Modules Complete	Business Rules Valid
✔	Verify Facility Information	✔	✔	✔
✔	Registration Fee	✔	✔	✔

Submission Business Rule Validation			
Status	Authorization Type	Application Type	Message
✔	Validated Successfully		

Missing General Attachments(0)	
Status	Missing Required Attachments
✔	Validated Successfully

Click Here  -- Ok --

ePermit Authorization Overview

Radiation Producing Machine Renewal - Radiation Producing Machine Renewal			
Included	Go To	Status	Completed
<input checked="" type="checkbox"/>	<a href="#">Verify Facility Information</a>	✔	12/10/2021
<input checked="" type="checkbox"/>	<a href="#">Registration Fee</a>	✔	12/10/2021

Final Completeness Check

Pay & Submit

Back

 Click Here to Finish

(We do not take American Express)



## Processing RACP Fee Payment

### Review Your Order

Quantity	Item	Unit	Price
7	TestItemDescription123	\$5.00	USD
6	TestItemDescription234	\$5.00	USD
		Fee	USD
		<b>Total</b>	<b>USD</b>

[<< Return to Processing RACP Fee Payment](#)

### Choose Payment Option



Credit Card



## Choose Payment Option



## Pay With Your Credit Card

Please verify the card information matches your billing information.

**Card Holder Name :**

**Credit Card Number :**

**Expiry Date(MMY) :**

**Security Code :**

CVV2 is the Visa term for the 3-digit security code on the back of the credit card (Visa and



## Pay With Your Check

Customer Name

ABA/Bank Routing No.

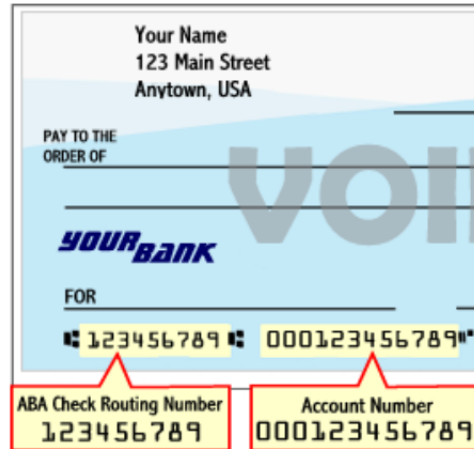
Bank Account Type

Personal

Account Number

Check Number

## Check Description



- ABA/Bank Routing No.
- Account Number
- Check Number - (Optional)

If you have an issue with completing the payment, please send an email to [RA-EPRPControl@pa.gov](mailto:RA-EPRPControl@pa.gov) with subject line "XR Greenport". Include a screen shot of your error message in your email if possible.