



Existing DEP GreenPort users who do not have Keystone login and new users must register and create a new account. Don't worry, you will be able to import your old GreenPort Account Profile in the new system!

### Newly Registered GreenPort Users or Keystone Login Users



You may use your New GreenPort or existing PA Keystone Login account to login to the new GreenPort.

#### 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?](#)



PA Keystone Login FAQ  
Do you think you already have a Keystone Login account?

#### Register a new GreenPort account

**Register**

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.



Radiation Protection



Enrollment Dashboard



**Click Here**

Pending (3)    Verifying Payment (2)    Completed (2)										
		Client ID	Client Name	Authorization Type			Overall Status			
<input type="checkbox"/>	<input type="checkbox"/>	06130	BUCHER JAMES A	Radiation Producing Machine Renewal			🟢			
		Facility Id	Facility Name	City	Invoice Number	Invoice Date	Balance Due	Due Date	Status	Edit
<input type="checkbox"/>	<input type="checkbox"/>	01-05642	BUCHER JAMES A DMD	WAYNE	1076767	10/31/2018	\$250.00	12/31/2018	🟢	
<input type="checkbox"/>	<input type="checkbox"/>	99938	EATON JAMES	Radiation Producing Machine Renewal			🔴			
		Facility Id	Facility Name	City	Invoice Number	Invoice Date	Balance Due	Due Date	Status	Edit
<input type="checkbox"/>	<input type="checkbox"/>	01-02893	EATON JAMES DDS	GROVE CITY	1076807	10/31/2018	\$200.00	12/31/2018	🔴	
<input type="checkbox"/>	<input type="checkbox"/>	133057	DONOHUE DANE	Radiation Producing Machine Renewal			🔴			
		Facility Id	Facility Name	City	Invoice Number	Invoice Date	Balance Due	Due Date	Status	Edit
<input type="checkbox"/>	<input type="checkbox"/>	05-37045	DONOHUE DANE DC	NEWLAWN	1077098	10/31/2018	\$400.00	12/31/2018	🔴	

[Pay & Submit](#)    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](#)

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: 18940

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: [Redacted]

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. **Click Yes or No**

Should the invoice be sent to the same address as listed above?  Yes  No

First Name: [Redacted] Middle Initial: [Redacted] Last Name: [Redacted]

Title: [Redacted]

Contact Firm: [Redacted]

Street # and Name or P.O. Box\*: 121 FRIENDS LN STE 100

Address Line #2: [Redacted]

City\*: NEWTOWN State\*: Pennsylvania Zip\*: 18940-3424

Country: United States

Telephone #: 2159681661 Ext.: [Redacted]

Email: DRDANE@8WWW.com

FAX: 2159687722

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

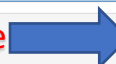


Save

Completeness Check

Back

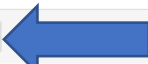
Finally Click Here





Continue →

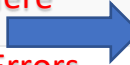
Application Fees


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

[View All Modules](#)

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)

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.