

RHODE ISLAND RADIATION CONTROL AGENCY

APPLICATION FOR RADIOACTIVE MATERIALS LICENSE

INSTRUCTIONS: See the appropriate license application guide for detailed instructions for completing application. Send two copies of the entire completed application to: RI Department of Health, Radiation Control Program, 3 Capitol Hill - Room 305, Providence, RI 02908-5097. You should keep a copy of your completed application, and attachments, as they will be incorporated in your license by reference.

1. THIS IS AN APPLICATION FOR (*Check Appropriate Item*)

NEW LICENSE

AMENDMENT TO LICENSE # _____

RENEWAL OF LICENSE # _____

2. NAME AND MAILING ADDRESS OF APPLICANT

3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

BUSINESS TELEPHONE NUMBER BUSINESS E-MAIL ADDRESS

SUBMIT ITEMS 5 THROUGH 11 ON 8½" BY 11" PAPER.

THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE

5. RADIOACTIVE MATERIAL

a. Element and mass number

b. Chemical and/or physical form; and

c. Maximum amount which will be possessed at any one time

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING/EXPERIENCE

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS

9. FACILITIES AND EQUIPMENT

10. RADIATION SAFETY PROGRAM

11. WASTE MANAGEMENT

12. LICENSE FEES

FEE CATEGORY _____ AMOUNT ENCLOSED \$ _____

Refer to § 15.5.7 of 216-RICR-40-20 for the category description and § 2.14 of 216-RICR-10-05 for the applicable fee.

Checks should be payable to Treasurer - State of Rhode Island.

13. CERTIFICATION (*Must be completed by applicant*)

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH 216-RICR-40-20, *RADIATION*, AND THAT ALL INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

(Signature)

(Type or Print Name of Certifying Official)

(Date)

(Title of Certifying Official)

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