

RHODE ISLAND RADIATION CONTROL AGENCY
APPLICATION FOR RADIOACTIVE MATERIALS LICENSE - MEDICAL

INSTRUCTIONS: Agency document *Guidance About Medical Use Licenses* [February 2005] contains detailed instructions for completing this application. Send two copies of the entire completed application to: RI Department of Health, Radiation Control Agency, 3 Capitol Hill - Room 206, Providence, RI 02908-5097. You should keep a copy of your completed application, and attachments, as they will be incorporated into your license by reference.

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

NEW LICENSE

AMENDMENT TO LICENSE NUMBER _____

RENEWAL OF LICENSE NUMBER _____

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

TELEPHONE NUMBER

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 Part I of R23-1.3-RAD for the category and 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 THE RHODE ISLAND RULES AND REGULATIONS FOR THE CONTROL OF RADIATION [R23-1.3-RAD], 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)

FOR AGENCY USE ONLY



Rhode Island Department of Health
3 Capitol Hill, Providence RI, 02908-5097
MANDATORY ADDENDUM TO LICENSE APPLICATION
Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy.
(Case # _____)

Type of Professional/Business License for which you are applying

Full Name (Please Print or Type)

Social Security Number (or FEIN for Business)

Signature

Phone Number (including area code if not 401)

Date

Name of Business (If Applicable)

This form must be completed, signed and attached to your license application for processing.