

GEN-1

RHODE ISLAND RADIATION CONTROL AGENCY

Registration Certificate - Use of Depleted  
Uranium Under General License

Section C.4.1(e) of the Rhode Island Rules and Regulations for the Control of Radiation establishes a general license authorizing the possession of depleted uranium contained in industrial products or devices. Possession of this radioactive material is not authorized until the person has filed Agency Form GEN-1 and has received from the Agency a validated copy of the form with registration number assigned.

INSTRUCTIONS

Submit this form in duplicate to: Administrator, Radiation Control Agency, 206 Cannon Building, 3 Capitol Hill, Providence, RI 02908. A registration number will be assigned, and a validated copy of Agency Form GEN-1 will be returned.

Name and Address of Registrant:

Name, Address, and Telephone Number of Supervisor:

Manufacturer and Model Number of Device:

CERTIFICATION

I hereby certify that:

- (1) All information in this registration certificate is true and complete.
- (2) The registrant has developed and will maintain procedures designed to establish physical control over the depleted uranium and designed to prevent transfer of such depleted uranium in any form, including metal scrap, to persons not authorized to receive the depleted uranium.
- (3) I understand that Agency regulations require that any change in the information furnished by a registrant on this registration certificate be reported to the Administrator within 30 days from the effective date of such change.
- (4) I have read and understand the provisions of C.4.1(e), and I understand that the registrant is required to comply with those provisions as to all radioactive material received, acquired, possessed, used, or transferred under the general license for which this registration certificate is filed with the Agency.



Date: \_\_\_\_\_

Name and Title of person Authorized to complete form:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_



**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.*