Application for Radioactive Materials License

INSTRUCTIONS: Complete all items; use supplemental sheets where instructed. See the appropriate License Application Guide for detailed instructions for completing application. Certification item 18 must be completed; handwritten signature in ink is mandatory. Mail two copies of the entire application to the State of New York Department of Health, Bureau of Environmental Radiation Protection, Radioactive Material Section, ESP - Corning Tower, Room 1245 Albany, New York 12237. Upon approval of an application, the applicant will receive a "Radioactive Materials License" issued pursuant to statutory and implementing regulatory authority and subject to all applicable rules, regulations and orders of all appropriate regulatory agencies now or hereafter in effect and to any conditions specified in the license.

_	effect and to any conditions	·	
NE	EW LICENSE	RENEWAL	RADIATION GUIDE #
1.	Name and mailing addr	ess of company, organization or agency	(must be legal entity, not a division or individual user)
			FEIN #:
2a.	. Address at which radioa	tive material will be used and stored (:	use street address, town/city, zip code)
2b.	. Request use at temporar	y jobsite YES 🗌 NO 🗌	
3.	Nature of business		
4.	Previous license number describe details on addit		er been denied a license, or if your license has ever been revoked or suspended,
		nitted on separate 8 1/2" x 11" sheets. nation to be provided is described in th	ne radiation guide.
5. 6. 7. 8. 9.	Department to use radioa Individual users of radioa Radiation safety officer - Radioactive material Purpose for which radioa Training of individual use	active materials active materials include RSO e-mail address ctive materials will be used	 12. Instrumentation 13. Calibration and operational checks of instrumentation 14. Personnel monitoring and bioassays 15. Facilities and equipment 16. Radiation protection program 17. Waste disposal
		Ce	ertification
			ficate on behalf of the company or organization named in item 1 certify that all s attached hereto, is true and correct to the best of their knowledge and belief.
SIGNATURE OF CERTIFYING OFFICIAL (PLANT MANAGER, COMPANY PRESIDENT, AGENCY HEAD ONLY)			DATE
PRINT NAME OF CERTIFYING OFFICIAL			TITLE OF CERTIFYING OFFICIAL
PERSON TO CONTACT ABOUT THIS APPLICATION		APPI ICATION	TELEPHONE NUMBER

NOTE - Any misrepresentation of any material fact found to have been made in securing a license pursuant to this application shall constitute case for the suspension or revocation of such license.