NEW YORK STATE DEPARTMENT OF HEALTH
APPLICATION FOR RADIOACTIVE MATERIALS LICENSE

[Applicants for licenses within New York City should contact the New York City Department of Health, Bureau of Radiological Health, 2 Lafayette Street, 11th Floor, New York, New York 10007 for application forms.]

Instructions: Complete Items 1-26. Use supplemental sheets where necessary. Submit completed, dated, and signed application to:

New York State Department of Health
Bureau of Environmental Radiation Protection
Radioactive Materials Section
Flanigan Square – Room 530
547 River Street
Troy, New York 12180-2216

Upon approval of an application, the applicant will receive a “Radioactive Materials License” issued pursuant to statutory authority, implementing regulatory authority, and subject to all applicable rules, regulations, and orders of all regulatory agencies now or hereafter in effect and to any conditions specified in the license.

<table>
<thead>
<tr>
<th>1. a. Name and Street Address of Applicant (institution, hospital, firm, person, etc.)</th>
<th>1. b. Street Address(es) at which radioactive material will be used (if different from 1.a.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration Telephone Number:</td>
<td></td>
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<thead>
<tr>
<th>2. Individual to be contacted about this application:</th>
<th>3. This is an application for (check one):</th>
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<tbody>
<tr>
<td>Telephone Number:</td>
<td>New License</td>
</tr>
<tr>
<td></td>
<td>Amendment to License No. _______</td>
</tr>
<tr>
<td></td>
<td>Renewal to License No. _______</td>
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</tbody>
</table>

4. Radiation Safety Officer: Telephone Number:

SUBMIT ITEMS 5 THROUGH 26 ON ADDITIONAL SHEETS (8 1/2" x 11")
(see appropriate license application guide)

5. Individual Users.

6. Radioactive Material (a) Element and mass number; (b) Chemical and physical form; and (c) Maximum amount that will be possessed at any one time.

7. Purpose(s) for which licensed material will be used.

8. (a) Individuals responsible for radiation safety program. (b) Radiation Safety Program/Committee.

9. Training and Experience; Personnel Training Program.

10. (a) Instrumentation (b) Calibration
APPLICATION FOR RADIOACTIVE MATERIALS LICENSE (Continued)

11. Facilities and Equipment.
13. Procedure for Package Opening.
15. Spill Procedures.
17. Waste Disposal.
18. Radiopharmaceutical Therapy
19. Therapeutic Use of Sealed Sources.
22. Other Procedures and Precautions.
23. Personnel Monitoring Program.
24. Hospitalization of Private Practice Patients.
25. ALARA Program.
26. Certificate (This item must be completed by applicant).

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OUR KNOWLEDGE AND BELIEF.

Applicant (named in Item 1):

By: ___________________________ Date: ___________________________
(Signature - Certifying Officer)

______________________________ Title: ___________________________
(Typed or Printed Name)

NOTE: Any misrepresentation of any material fact found to have been made in securing a license pursuant to this application shall constitute cause for the suspension or revocation of such license and may subject the applicant to such other penalties that may be provided for in the New York State Public Health Law.