APPLICATION
RADIOACTIVE MATERIALS LICENSE

INSTRUCTIONS: The appropriate license guidance should be followed when completing this application form. The license application guidance can be downloaded from the web site: http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/
Amendment to a license may be submitted by facsimile listed above.

1. APPLICATION
This is an application for (Check appropriate item)
- [ ] A. NEW LICENSE
  PRC No. __________ or Tax & Rev. No. __________
- [ ] B. AMENDMENT TO LICENSE NUMBER _____
- [ ] C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF THE APPLICANT
- [ ] FAX NUMBER
- [ ] EMAIL

3. ADDRESS 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 as attachments to this application on separate sheets. The type and scope of information to be provided is described in the corresponding license application guide. A web link to the guides is listed above.

5. RADIOACTIVE MATERIAL REQUESTED
   a. Element and Mass Number
   b. Chemical and/or Physical Form
   c. Maximum Amount to 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. ANNUAL FEES
   - [ ] N/A (For new applicants only)
   - [ ] I HAVE PAID ANNUAL FEES DUE
   - [ ] I AM ATTACHING PAYMENT WITH THIS APPLICATION

13. CERTIFICATION
The applicant understands that all statements and representations made in this application are binding upon the 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 20.3 NMAC, “Radiation Protection” rules, and that all information contained herein is true and correct to the best of their knowledge and belief.

PRINTED/TYPED NAME AND TITLE OF
CERTIFYING OFFICER SIGNATURE DATE

WARNING: FALSE STATEMENTS AND INFORMATION PROVIDED IN THIS APPLICATION MAY SUBJECT THE CERTIFYING OFFICIAL TO CIVIL AND/OR CRIMINAL PENALTIES.

DEPARTMENT USE ONLY

Receipt Date: _______ Adm. Complete on _______ PN: _______
Outstanding Annual Fees _______ Additional Info Required
Application Denied on _______ Additional Info Received on _______
Application Approved; License Issued on _______

Comments: