APPLICATION
RADIOACTIVE MATERIALS LICENSE

INSTRUCTIONS: Send two copies of the entire completed application (this form and attachments) to the Department at the address listed above.

1. APPLICATION
This is an application for (Check appropriate item)

- A. NEW LICENSE
  - 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. TYPE OF ACTIVITY
- Storage
- Treatment
- Disposal
- Decontamination

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.

5. TYPE OF REGULATED NORM
   - a. Chemical and Physical Form
   - b. Location

6. COPY OF EMNRD - OIL CONSERVATION DIVISION PERMIT IF APPLICABLE

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE

8. TRAINING FOR INDIVIDUALS WORKING IN AREAS CONTAINING REGULATED NORM

9. FACILITIES AND EQUIPMENT ASSOCIATED WITH REGULATED NORM

10. RADIATION SAFETY PROGRAM

11. REGULATED NORM WASTE MANAGEMENT

12. ANNUAL FEES

- 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 & 20.3.14 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 ________