

RCB NORM Application    New Mexico Environment Department (2/2021) 20.3.14 NMAC  <div style="text-align: center;"><b>APPLICATION RADIOACTIVE MATERIALS LICENSE</b></div>	Submittal of the application is required to determine that the applicant is qualified and that adequate facilities and procedures exist to protect the public health and safety and property. Send completed and signed form and attachments to New Mexico Environment Department Radiation Control Bureau 1100 Saint Francis Drive Suite 2022, P.O. Box 5469 Santa Fe, New Mexico 87502-5469 FASCIMILE NUMBER (505) 476-8654
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**INSTRUCTIONS:** Send two copies of the entire completed application (this form and attachments) to the Department at the address listed above.

<b>1. APPLICATION</b> This is an application for (Check appropriate item)  <input type="checkbox"/> <b>A. NEW LICENSE</b> Tax & Rev. No. _____  <input type="checkbox"/> <b>B. AMENDMENT TO LICENSE NUMBER</b> _____ <input type="checkbox"/> <b>C. RENEWAL OF LICENSE NUMBER</b> _____	<b>2. NAME AND MAILING ADDRESS OF THE APPLICANT</b>   <b>FAX NUMBER</b>   <b>EMAIL</b>
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<b>3. TYPE OF ACTIVITY</b> <input type="checkbox"/> <b>Storage</b> <input type="checkbox"/> <b>Generator</b> <input type="checkbox"/> <b>Treatment</b> <input type="checkbox"/> <b>Service Provider</b> <input type="checkbox"/> <b>Disposal</b> <input type="checkbox"/> <b>Decontamination</b>	<b>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</b>   <b>TELEPHONE NUMBER</b>
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Submit Items 5 through 11 as attachments to this application on separate sheets.

<b>5. TYPE OF REGULATED NORM</b> a. Chemical and Physical Form b. Location	<b>6. COPY OF EMNRD - OIL CONSERVATION DIVISION PERMIT IF APPLICABLE</b>
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<b>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE</b>	<b>8. TRAINING FOR INDIVIDUALS WORKING IN AREAS CONTAINING REGULATED NORM</b>
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<b>9. FACILITIES AND EQUIPMENT ASSOCIATED WITH REGULATED NORM</b>	<b>10. RADIATION SAFETY PROGRAM</b>
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<b>11. REGULATED NORM WASTE MANAGEMENT</b>	<b>12. ANNUAL FEES</b>  <input type="checkbox"/> I HAVE PAID ANNUAL FEES DUE <input type="checkbox"/> I AM ATTACHING PAYMENT WITH THIS APPLICATION
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**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.

<b>PRINTED/TYPED NAME AND TITLE OF CERTIFYING OFFICER</b>	<b>SIGNATURE</b>	<b>DATE</b>
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**WARNING: FALSE STATEMENTS AND INFORMATION PROVIDED IN THIS APPLICATION MAY SUBJECT THE CERTIFYING OFFICIAL TO CIVIL AND/OR CRIMINAL PENALTIES.**

<div style="text-align: center;"><b>DEPARTMENT USE ONLY</b></div> Receipt Date: _____ <input type="checkbox"/> Adm. Complete on _____ PN: _____ <input type="checkbox"/> Outstanding Annual Fees <input type="checkbox"/> Additional Info Required _____ <input type="checkbox"/> Application Denied on _____ <input type="checkbox"/> Additional Info Received on _____ <input type="checkbox"/> Application Approved; License Issued on _____	Comments:
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