RCB Form 018 (NORM) New Mexico Environment Department
(2/2025)
20.3.14 NMAC

APPLICATION FOR RADIOACTIVE MATERIALS LICENSE

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
525 Camino de los Marquez, Suite 1A
P.O. Box 5469
Santa Fe, New Mexico 87502-5469

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**
☐ **Generator**
☐ **Service Provider**

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. APPLICATION FEE

APPLICATION FEE ENCLOSED
Refer to https://www.env.nm.gov/rcb for fee information

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 _____

Comments: