## Application

### 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
1100 Saint Francis Drive Suite 2022, P.O. Box 5469
Santa Fe, New Mexico 87502-5469
FACSIMILE NUMBER (505) 476-8654

**INSTRUCTIONS:** The appropriate license application guide must be followed when completing this application form. Send two copies of the entire completed application (this form and attachments) to the Department at the address listed above. The license application guides can be downloaded from the web site: [http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/](http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/)

1. **APPLICATION**
   - This is an application for (Check appropriate item)
     - [ ] A. NEW LICENSE
     - [ ] 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: | □ Application Denied on _______ | □ Additional Info Received on _______ |
   | Outstanding Annual Fees | □ Additional Info Required | □ Application Approved; License Issued on _______ |

   **Comments:**