

Applicant Name [Signature]

## New Mexico ENVIRONMENT DEPARTMENT



525 Camino de los Marquez Suite 1a Post Office Box 5469 Santa Fe, NM 87502-5469 Fax (505) 476-4375 Telephone (505) 476-8600

JAMES KENNEY
Cabinet Secretary

## GENERAL LICENSE REGISTRATION FORM

INSTRUCTIONS: This application form applies to persons or organizations licensed to acquire, receive, possess, use, or transfer radioactive material contained in a sealed device as specified under 20.3.3 NMAC *Licensing of Radioactive Materials*. Please print or type all information. Keep a copy for your records, and submit a copy to: General License Coordinator at the above address.

type all information	n. Keep a cop	y for you	ır records,	and submit	t a cop	ру	to: General License Coord	lina	tor at the	abo	ve address.	
FACILITY INFOR	MATION											
Applicant Name												
Facility Address												
City					State				Zip Code			
Country							E-Mail Address and/					
Telephone No						or cellphone no.						
Contact Person												
Telephone No							E-Mail Address and/ or cellphone no.					
Radiation Contact	Individual											
Telephone No							E-Mail Address and/ or cellphone no.					
DEVICE INFORM	ATION											
Number of Devices and/or Sources  If there are multiple attach additional sh												
Device Type	Туре					Manufacturer						
Model No.						Se	Serial No.					
Has the device bee	en leak tested	?	Yes	☐ No		W	hat is the frequency of te	stir	ng?			
Who performs the	leak tests?	[						_				
Describe the method device(s) (i.e., return to												
	ation Control E	Bureau Re	egulations,	and that a	ll infor	rma	onformity with the New Mation is correct to my knowabel.					
Applicant Name [F	Print]							$\exists \Gamma$	Date			

Date