



New Mexico
ENVIRONMENT DEPARTMENT



MICHELLE LUGAN GRISHAM
Governor

1100 St. Francis Drive Suite 2022
Post Office Box 5469
Santa Fe, NM 87502-5469
Fax (505) 476-8654 Telephone (505) 476-8600

JAMES KENNEY
Cabinet Secretary

HOWIE MORALES
Lieutenant Governor

Deputy 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.

FACILITY INFORMATION

Applicant Name				<input style="width:100%;" type="text"/>			
Facility Address				<input style="width:100%;" type="text"/>			
City		State		Zip Code			
Country				E-Mail Address and/or cellphone no.			
Telephone No							
Contact Person				<input style="width:100%;" type="text"/>			
Telephone No				E-Mail Address and/or cellphone no.			
Radiation Contact Individual				<input style="width:100%;" type="text"/>			
Telephone No				E-Mail Address and/or cellphone no.			

DEVICE INFORMATION

Number of Devices and/or Sources		<input style="width:50px;" type="text"/>		<i>If there are multiple devices, please attach additional sheets as necessary.</i>		Date Received		<input style="width:100px;" type="text"/>					
Device Type			<input style="width:100%;" type="text"/>			Manufacturer			<input style="width:100%;" type="text"/>				
Model No.			<input style="width:100%;" type="text"/>			Serial No.			<input style="width:100%;" type="text"/>				
Has the device been leak tested?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		What is the frequency of testing?				<input style="width:100px;" type="text"/>	
Who performs the leak tests?				<input style="width:100%;" type="text"/>									
Describe the method used for disposing of the device(s) (i.e., return to manufacturer).				<input style="width:100%; height: 40px;" type="text"/>									

I hereby certify that the registration information above is prepared in conformity with the New Mexico Environment Department, Radiation Control Bureau Regulations, and that all information is correct to my knowledge. The device information has been verified through physical inventory and review of the device label.

Applicant Name [Print]		<input style="width:100%;" type="text"/>		Date		<input style="width:100px;" type="text"/>	
Applicant Name [Signature]		<input style="width:100%;" type="text"/>		Date		<input style="width:100px;" type="text"/>	