

Applicant Name [Signature]

New Mexico ENVIRONMENT DEPARTMENT

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 Designate

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.

							to: General License Coo				
FACILITY INFOR	MATION										
Applicant Name											
Facility Address											
City					State	<u>,</u>			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										
						ple devices, please sheets as necessary.					
Device Type						М	Manufacturer				
Model No.						S	Serial No.				
Has the device been leak tested? Yes No						W	What is the frequency of testing?				
Who performs the	leak tests?										
Describe the method device(s) (i.e., return to		g of the									
	ition Control B	ureau Regu	lations,	and that a	ıll info	rm	conformity with the New ation is correct to my kn label.				
Applicant Name [P	rint]	-							Date		

Date