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| H:\MA_DPH_seal.png | **RADIOACTIVE MATERIALS LICENSE APPLICATION** | The Commonwealth of MassachusettsDepartment Of Public HealthDivision of Radiation Control250 Washington St., Boston, MA 02108Tel: 617-624-5757 |
| INSTRUCTIONS: Complete all items in this application for a new license or the renewal of an existing license. Use supplemental sheets where necessary. Item 13 must be completed on all applications. Send this application, including any attachments and/or supplements, to DRCRadMaterials@mass.gov. Upon approval of this application, the applicant will receive a Commonwealth of Massachusetts Radioactive Material License issued in accordance with the general requirements of the Code of Massachusetts Regulations chapter 105 section 120: To Control the Radiation Hazards of Radioactive Material and of Machines Which Emit Ionizing Radiation. |

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| 1. THIS IS AN APPLICATION FOR: ☐ A. NEW LICENSE ☐ B. AMENDMENT TO LICENSE NO.:  ☐ C. RENEWAL OF LICENSE NO.:  | 2. NAME AND MAILING ADDRESS OF APPLICANT: |
| 3. ADDRESS(ES) WHERE LICENSED RADIOACTIVE MATERIAL WILL BE USED OR POSSESSED: | 4. NAME, TITLE, TELEPHONE, AND E-MAIL OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION: |
| **SUBMIT ITEMS 5 THROUGH 12 ON 8 ½” x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDES.** |
| 5. RADIOACTIVE MATERIAL: element and mass number; chemical and/or physical form; and maximum amount which will be possessed at any one time | 6. PURPOSE(S) FOR WHICH LICENSED RADIOACTIVE MATERIAL WILL BE USED |
| 7. INDIVIDUAL(S) RESPONSIBLE FOR THE RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE | 8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS |
| 9. FACILITIES AND EQUIPMENT | 10. RADIATION SAFETY PROGRAM |
| 11. WASTE MANAGEMENT INCLUDING MINIMIZATION STATEMENT / PLAN | 12. CORPORATE STRUCTURE |
| 13. CERTIFICATION: I, the undersigned, on behalf of the applicant, hereby certify that:ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT; THIS APPLICATION IS PREPARED IN CONFORMITY WITH 105 CMR 120.000; AND, ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.  NAME OF CERTIFYING INDIVIDUAL SIGNATURE OF CERTIFYING INDIVIDUAL  TITLE OF CERTIFYING INDIVIDUAL DATE |