



RADIOACTIVE MATERIALS LICENSE APPLICATION

The Commonwealth of Massachusetts
Department Of Public Health
Division of Radiation Control
250 Washington St., Boston, MA 02108
Tel: 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.

1. THIS IS AN APPLICATION FOR: <input type="checkbox"/> A. NEW LICENSE <input type="checkbox"/> B. AMENDMENT TO LICENSE NO.: _____ <input type="checkbox"/> 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 _____ TITLE OF CERTIFYING INDIVIDUAL	
_____ SIGNATURE OF CERTIFYING INDIVIDUAL _____ DATE	