



# RADIOACTIVE MATERIALS LICENSE APPLICATION

The Commonwealth of Massachusetts  
Department Of Public Health  
Radiation Control Program  
Schrafft Center, Suite 1M2A  
529 Main St, Charlestown, MA 02129  
Tel: 617-242-3035 Fax: 617-242-3457

**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. Prepare three copies of this application and of all attachments and supplements. Mail two copies to: *Radiation Control Program, Schrafft Center, Suite 1M2A, 529 Main Street, Charlestown, MA 02129* and retain the third copy. 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.

<p>1. THIS IS AN APPLICATION FOR:</p> <p><input type="checkbox"/> A. NEW LICENSE</p> <p><input type="checkbox"/> B. AMENDMENT TO LICENSE NO.: _____</p> <p><input type="checkbox"/> C. RENEWAL OF LICENSE NO.: _____</p>	<p>2. NAME, MAILING ADDRESS AND EMAIL OF APPLICANT:</p>				
<p>3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED:</p>	<p>4. NAME, TELEPHONE, AND EMAIL OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION:</p>				
<p><b>SUBMIT ITEMS 5 THROUGH 12 ON 8 1/2" x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDES.</b></p>					
<p>5. RADIOACTIVE MATERIAL:</p> <p>a. Element and mass number;</p> <p>b. Chemical and/or physical form; and</p> <p>c. Maximum amount that will be possessed at any one time</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</p>				
<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.</p>	<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</p>				
<p>9. FACILITIES AND EQUIPMENT.</p>	<p>10. RADIATION SAFETY PROGRAM</p>				
<p>11. WASTE MANAGEMENT (INCLUDE MINIMIZATION STATEMENT/PLAN)</p>	<p>12. CORPORATE STRUCTURE</p>				
<p style="text-align: center;">ITEM 13 – CERTIFICATE (This item must be completed)</p> <p>THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH APPLICABLE STATE REGULATIONS AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>_____</p> <p>PRINT NAME OF CERTIFYING INDIVIDUAL</p> </td> <td style="width: 50%; border: none;"> <p>_____</p> <p>SIGNATURE OF CERTIFYING INDIVIDUAL</p> </td> </tr> <tr> <td style="border: none;"> <p>_____</p> <p>TITLE OF CERTIFYING INDIVIDUAL</p> </td> <td style="border: none;"> <p>_____</p> <p>DATE</p> </td> </tr> </table>		<p>_____</p> <p>PRINT NAME OF CERTIFYING INDIVIDUAL</p>	<p>_____</p> <p>SIGNATURE OF CERTIFYING INDIVIDUAL</p>	<p>_____</p> <p>TITLE OF CERTIFYING INDIVIDUAL</p>	<p>_____</p> <p>DATE</p>
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