



RADIOACTIVE MATERIALS LICENSE APPLICATION

The Commonwealth of Massachusetts
Department Of Public Health
Radiation Control Program
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 RadiationControl@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.

<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 AND MAILING ADDRESS OF APPLICANT:</p>				
<p>3. ADDRESS(ES) WHERE LICENSED RADIOACTIVE MATERIAL WILL BE USED OR POSSESSED:</p>	<p>4. NAME, TITLE, TELEPHONE, AND E-MAIL OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION:</p>				
<p>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.</p>					
<p>5. RADIOACTIVE MATERIAL: element and mass number; chemical and/or physical form; and maximum amount which will be possessed at any one time</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED RADIOACTIVE MATERIAL WILL BE USED</p>				
<p>7. INDIVIDUAL(S) RESPONSIBLE FOR THE 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 INCLUDING MINIMIZATION STATEMENT / PLAN</p>	<p>12. CORPORATE STRUCTURE</p>				
<p>13. CERTIFICATION: I, the undersigned, on behalf of the applicant, hereby certify that:</p> <p>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.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> <p>_____</p> <p>NAME OF CERTIFYING INDIVIDUAL</p> </td> <td style="width: 50%; text-align: center;"> <p>_____</p> <p>SIGNATURE OF CERTIFYING INDIVIDUAL</p> </td> </tr> <tr> <td style="width: 50%; text-align: center;"> <p>_____</p> <p>TITLE OF CERTIFYING INDIVIDUAL</p> </td> <td style="width: 50%; text-align: center;"> <p>_____</p> <p>DATE</p> </td> </tr> </table>		<p>_____</p> <p>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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