



# Radiation Control Program

## Application for a General License of Radioactive Material



NAME OF OWNER OR SENIOR MGR. TELEPHONE NUMBER FAX NUMBER E-MAIL

DESIGNATED RESPONSIBLE PERSON TELEPHONE NUMBER FAX NUMBER E-MAIL

NAME OF BUSINESS TELEPHONE NUMBER FAX NUMBER E-MAIL ADDRESS

BUSINESS STREET ADDRESS CITY STATE ZIP CODE

USE LOCATION STREET ADDRESS CITY STATE ZIP CODE

### DEVICE INFORMATION

DEVICE	MANUFACTURER	MODEL #	SERIAL #	DATE REC'D	PHYSICAL LOCATION
1					
2					
3					
4					
5					

### RADIOISOTOPE INFORMATION

DEVICE	RADIOISOTOPE	ACTIVITY	SERIAL #	TYPE OF DEVICE	IN USE OR STORAGE
1					
2					
3					
4					
5					

### LEAK TESTING

How often will the devices be leak tested? \_\_\_ months \_\_\_ year(s)

Who will perform leak testing? \_\_\_\_\_

NAME OF DESIGNATED PERSON

