Georgia Department of Natural Resources
Environmental Protection Division
Radioactive Materials Program

APPLICATION FOR RADIOACTIVE MATERIALS LICENSE

INSTRUCTIONS - Complete Items 1 through 13 if this is an initial application or renewal of a license. Use supplemental sheets where necessary. Item 13 on the application must be completed and signed. Retain one copy for your records. Submit original application to: Georgia Department of Natural Resources, Radioactive Materials Program, 4244 International Parkway, Suite 120, Atlanta, Georgia, 30354. Upon approval of this application, the applicant will receive a Georgia Radioactive Materials License. Georgia Radioactive Materials Licenses are issued in accordance with the general requirements contained in the Georgia Department of Natural Resources Rules and Regulations, Chapter 391-3-17.

1.This is an Application for: (Check appropriate item) A.__ New License B. __ Amendment to License C. __ Renewal of License
If B or C , Please indicate GA. License Number _____

2.a. Name and Mailing Address of Applicant Name: Address: City, State, Zip Code: County: Telephone Number ( ) _____ -_____ Internet Address:	2.b. Address where licensed material will be stored and/or used (Street Address) A. Permanent B. Coordinates 1. Latitude: 2. Longitude: C. Temporary sites throughout Georgia? Yes _____ No_____
3. Person to Contact Regarding this Application Name: Title: Telephone Number ( ) _____ - _____ Email: Radiation Safety Officer: Telephone Number( ) _____ - _____ Email:	4. Locations where records will be kept:

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL a. Element and mass number, b. Chemical and/or physical form; and c. Maximum amount which will be possessed at any one time.	6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED
7. INDIVIDUAL(S) RESONSIBLE FOR RADIATION PROTECTION PROGRAM AND THEIR TRAINING & EXPERIENCE Radiation Safety Officer: Email:	8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS No response required for medical license application
9. FACILITIES AND EQUIPMENT	10. RADIATION PROTECTION PROGRAM
11. WASTE MANAGEMENT	12. LICENSEE FEES (SEE DEPARTMENT'S FEE SCHEDULE) FEE CATEGORY : AMOUNT ENCLOSED $ CHECK MAILED _____ PLEASE INVOICE_____
MAKE CHECKS PAYABLE TO: DEPARTMENT OF NATURAL RESOURCES RADIOACTIVE MATERIALS PROGRAM	**MAIL FEES TO: RADIOACTIVE MATERIALS PROGRAM, P.O. BOX 101161 ATLANTA, GEORGIA 30392**

13. CERTIFICATION (Must be completed by the applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

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 GEORGIA DEPARTMENT OF NATURAL RESOURCES RULES AND REGULATIONS, DESIGNATED CHAPTER 391-3-17 AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

CERTIFYING OFFICER -- TYPED PRINTED NAME AND TITLE	SIGNATURE	DATE