**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. Refer to the Guide for your applicable modality for detailed explanations pertaining to your application. 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. Once a New License is issued a Prorated Annual Fees invoice will be invoiced the following quarter. 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.

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| 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 current GA. License Number | | |
| 2.a. Name and Mailing Address of Applicant  Name:  Address:  City, State, Zip Code:  County:  Telephone Number: (      )       -  E-mail address: | 2.b. Address(es) where licensed material will be stored and/or used (Street Address)  A. Permanent (list main here, include additional on Supplemental Sheet)    B. Additional Temporary sites throughout Georgia? Yes  No  (Include addresses, if known, on Supplemental Sheet) | |
| 3.a Person to Contact Regarding this Application  Name:  Title:  Telephone Number: (     )       -  Email:  3.b Radiation Safety Officer:  Telephone Number (      )       -  Email: | 3. c. Annual Fee contact and billing address (if different from Item 2.a.)  Name:  Address:  City, State, Zip Code:  Telephone Number: (     )       -  E-mail address:  4. Locations where records will be kept:  (note: records should be accessible at all locations of use) | |
| SUBMIT ITEMS 5 THROUGH 11 ON SUPPLEMENTAL SHEET AND/OR ATTACH ADDITIONAL LETTER SIZE PAPER AS NEEDED.  SEE THE APROPRIATE LICENSE APPLICATION GUIDE FOR THE TYPE AND SCOPE OF INFORMATION TO BE SUUPLIED | | |
| 5. RADIOACTIVE MATERIAL (see attached SUPPLEMENTAL SHEET)  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.  (list on SUPPLEMENTAL SHEET) | |
| 7. INDIVIDUAL(S) RESONSIBLE FOR RADIATION PROTECTION PROGRAM AND THEIR TRAINING & EXPERIENCE (if different or in addition to RSO listed in 3.b) | 8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS  (ATTACH TO APPLICATION)  No response required for medical license application | |
| 9. FACILITIES AND EQUIPMENT  Please include a brief business description of licensed locations.  (list on SUPPLEMENTAL SHEET)  Does the applicant possess any Radioactive Material Licenses from other states or the NRC? YES  NO  If so, please list on the SUPPLEMENTAL SHEET | 10. RADIATION PROTECTION PROGRAM  (ATTACH TO APPLICATION) | |
| 11. WASTE MANAGEMENT and OFFSITE TRANSFER of RADIOACTIVE MATERIAL  (ATTACH TO APPLICATION) | 12. LICENSEE FEES (SEE DEPARTMENT’S FEE SCHEDULE)  FEE CATEGORY:       AMOUNT: $ | |
| **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  (Must be Senior Management Level for New Applications and Renewals) | SIGNATURE | DATE    Form Revision June 2019 |

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**APPLICATION SUPPLEMENTAL SHEET**

2.b. Additional Addresses where licensed material will be stored and/or used (Street Address)

A. Permanent:

B. Temporary Site Addresses (if known):

5. RADIOACTIVE MATERIAL & 6. PURPOSE OF USE

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| a. Element and mass number | b. Chemical and/or physical form | c. Maximum amount which will be possessed at any one time; | 6. Purpose for which element will be used |
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9. FACILITIES AND EQUIPMENT

Brief business description of licensed locations.

Radioactive Material Licenses from other states or the NRC:

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| a. Jurisdiction  (State name or NRC) | b. License number | c. expiration date |  | a. Jurisdiction  (State name or NRC) | b. License number | c. expiration date |
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