

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Baltimore Maryland 21230 (410) 537-3193 • 1-800-633-6101 • www.mde.maryland.gov

MDE RX3

Facility Registration Number _____ - ____

Date _____

APPLICATION FOR CERTIFIED REGISTRATION OF PARTICLE ACCELERATOR PURSUANT TO REGULATIONS GOVERNING RADIATION PROTECTION 26.12.01

1.(a)		2.	a. Initial						
	Registrant Name				b. Renew				
					c. Amend				
	Address	Pr	none No.		Give curre	e current registration number			
1.(b)	City State Zip Code Registrant is: An individual			3.	Location of the unit (or where stored if a mobile unit):				
1.(0)		hership A corporation							
	An unincorporated associa				Address				
	Other				<u></u>		<u> </u>		
	Federal Tax I.D. No				City		State	Zip Code	
Feder which	acy Act Notice: This Notice is pro ral Tax Identification on this form i h requires MDE to verify that an ap ral Tax Identification Nos. will not	is mandatory pupplicant for a pe	rsuant to the provi rmit or license has	sions of § 1- paid all und	-203 (2003) of I lisputed taxes an	Environment Arti nd unemploymen	cle, Annota	ted Code of Maryland,	
4.	Particle Accelerator Informat	tion							
	A. Type of Accelerator B. Pe and Manufacturer or	eak kV C. Y MeV	Year and Model	D. Туре о	f Radiation	E. Maximum Intensity	F. Purpo	se or use	
	The following information is attached and is part of this application: Not								
5.	The following information	1 is attached	and is part of the	his applic	ation:	Not			
5.	-		-	his applic	ation: Attached		ble* Dat	e Submitted	
5.	a. Overall description of r		-	his applic			ble* Dat	e Submitted	
5.	a. Overall description of rb. Description of facility:		-	his applic			ble* Dat	e Submitted	
5.	a. Overall description of rb. Description of facility:1) Architectural plans	adiation safe	ty program	his applica			ble* Dat	e Submitted	
5.	a. Overall description of rb. Description of facility:	adiation safe	ty program	his applic			ble* Dat	e Submitted	
5.	a. Overall description of rb. Description of facility:1) Architectural plans	adiation safe	ty program	his applic			ble* Dat	e Submitted	
5.	 a. Overall description of r. b. Description of facility: 1) Architectural plans 2) Circuit diagram of sa 	radiation safe afety systems n detection in	ty program	his applic			ble* Dat	e Submitted	
5.	 a. Overall description of r b. Description of facility: Architectural plans Circuit diagram of sa c. Description of radiation d. Instrument calibration p e. Personnel monitoring e 	adiation safe afety systems n detection in procedure ar equipment an	aty program s nstruments ad frequency ad frequency	his applic			ble* Dat	e Submitted	
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5.	 a. Overall description of r b. Description of facility: Architectural plans Circuit diagram of sa Description of radiation Instrument calibration p Personnel monitoring e Operating and emergen Training program Internal inspection syst Radiation safety comm Training and experience 	adiation safe afety systems n detection in procedure ar equipment an acy procedure tem or other nittee and rac ce of operato ation, the	aty program and frequency and frequency and frequency es management co liation safety of rs	ontrol			ble* Dat	e Submitted	
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MDE RX 3

6.	Are rac	yes	no						
7.	Signat								
	a. Chief Executive Officer (CEO) for registrant named in 1.(a)								
Name			Title	Signature		Date			
	b.	l radiation sa	afety						
Name	Signature					Date			
1						1			