



MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard ● Baltimore, Maryland 21230
(410) 537-3000 ● 1-800-633-6101 ● www.mde.maryland.gov

**RADIOLOGICAL HEALTH PROGRAM
PAYMENT TRANSMITTAL – GENERAL LICENSE**

**Payer:
Address:**

Telephone No.: _____ **E-mail address:** _____

Authorized Contact:

Description: Initial Fee for Possession and Use of General Licensed Radioactive Material Source(s)

Date Form Completed: _____

Fee: See current fee schedule at
http://mde.maryland.gov/programs/Air/RadiologicalHealth/Documents/www.mde.state.md.us/assets/document/air/RAM_FEES.pdf

PLEASE: Make your check payable to the:

Maryland Department of the Environment/Radiation Control Fund

IMPORTANT: Mail check with this transmittal form to:

**Maryland Department of the Environment
P. O. Box 2198
Baltimore, Maryland 21203-2198**

**WE MUST HAVE THIS TRANSMITTAL FORM IN
ORDER TO APPLY YOUR FEE TO THE PROPER ACCOUNT**

FOR MDE USE ONLY

PCA: 13701
Agency: U00
Object: 5684
Suffix: 707
Transaction Code: 410

R*STARS INSTRUCTIONS:
Supply CUR.DOC. number on copy.

Privacy Act Notice: This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. § 552a. Disclosure of your Social Security or Federal Tax Identification on this form is mandatory pursuant to the provisions of § 1-203 (2003) of Environment Article, Annotated Code of Maryland, which requires MDE to verify that an applicant for a permit or license has paid all undisputed taxes and unemployment insurance. Social Security and Federal Tax Identification Nos. will not be used for any purposes other than those described in this Notice.



**Please insert your Federal Tax I.D. Number
or your Social Security Number:**

