

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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

APPLICATION FOR A RADIOACTIVE MATERIALS LICENSE

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE ATTACHED FORM

1. In item 2, "**Name**" is the name of the proposed business or license.
2. In item 2, "**Mailing Address**" if a P.O. Box address is used, MDE/RHP requires that the Mailing Address and Use Addresses are provided in a Street Address format. A **Federal Tax Identification Number** is a unique nine-digit number issued by the Internal Revenue Service for federal tax purposes to identify a legal business entity for federal purposes.
3. In item 7, on **Individual(s) Responsible for the Radiation Safety Program and Their Training Experience**: please refer to the Radiation Safety Officer in COMAR 26.12.01.01 Sections A.2, G.25 and G.50 if it concerns a Medical RAM License Applications; or to other type licenses a Radiation Safety Officer (RSO) be appointed. The delegation of the Radiation Safety Officer must be signed by a person who has the legal authority to sign on behalf of the business or license. Sample Delegation of Authority for the RSO is found in the MDE/RHP webpage. The Radiation Safety Officer is responsible for the day-to-day operation of the radiation safety program. A description of his/her training and experience in radiation protection and the use of radioactive material should be provided, along with a curriculum vitae.
4. In item 10, the **Radiation Safety Program** shall be provided in details and shall be adequate in coverage for safety and protection; and it includes program elements vital to achieving safe, secure, and compliant operations. The Radiation Safety Program can be submitted attached to this application form.
5. In item 12, the **Certifying Officer's Name, Title and Signature**: The person signing the application must have the legal authority to sign on behalf of the business or license.

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.

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1. THIS IS AN APPLICATION FOR: Check appropriate item

- A. New license (supply Federal ID number below)
- B. Amendment to license number MD-_____
- C. Renewal of License number MD-_____
- D. Termination MD-_____

2. NAME, MAILING ADDRESS, FAX NUMBER, EMAIL AND FEDERAL TAX ID OR SOCIAL SECURITY NUMBER OF APPLICANT:

2a. RADIATION SAFETY OFFICER'S NAME, EMAIL ADDRESS AND PHONE NUMBER:

3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED:

4. CONTACT INDIVIDUAL'S EMAIL ADDRESS AND TELEPHONE NUMBER:

4a. BILLING ADDRESS FOR INVOICES:

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

5. RADIOACTIVE MATERIAL

- A. Element & 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) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT

10. RADIATION SAFETY PROGRAM

11. WASTE MANAGEMENT

12. 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 THIS APPLICANT NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH MARYLAND REGULATIONS FOR CONTROL OF IONIZING RADIATION AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

CERTIFYING OFFICER'S TYPED OR PRINTED NAME, TITLE AND SIGNATURE

DATE

X

