

**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**

**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, FACSIMILE NUMBER, ELECTRONIC MAIL AND FEDERAL TAX ID NUMBER OF APPLICANT:**

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

**4. NAME & TELEPHONE NUMBER OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION:**

**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.

**\*\*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 1, 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**

