



Oregon Application for Radioactive Material License

FOR OFFICE USE ONLY

Department of Human Services / Radiation Protection Services
800 NE Oregon St. #640 Portland, OR 97232-2162
Voice: (971) 673-0490 Fax: (971) 673-0553

INSTRUCTIONS — Use supplemental sheets where necessary. Maintain a complete copy of the application for your files. Upon approval, an Oregon Radioactive Materials License will be issued in accordance with Oregon Rules for the Control of Radiation.

1. THIS IS AN APPLICATION FOR:

New license Amendment of license number _____
Renewal of license number _____

2. NAME AND MAILING ADDRESS OF APPLICANT

NAME

ADDRESS

3. ADDRESSES WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

telephone _____ fax _____
e-mail _____

5. RADIOACTIVE MATERIAL

- element and mass number _____
- chemical and/or physical form _____
- maximum amount that will be possessed at any one time _____

6. PURPOSE FOR WHICH LICENSED MATERIAL WILL BE USED

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM

INDIVIDUAL

TRAINING

INDIVIDUAL

TRAINING

INDIVIDUAL

TRAINING

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS

9. FACILITIES AND EQUIPMENT

10. RADIATION SAFETY PROGRAM

11. WASTE MANAGEMENT

12. AMOUNT ENCLOSED \$ _____

13. CERTIFICATION (must be completed by 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 certification on behalf of the applicant, named in item 2, certify that this application is prepared in conformity with the Oregon Administrative Rules chapter 333, and that all information contained herein is true and correct to the best of their knowledge.

CORPORATE STRUCTURE OF LICENSEE OR APPLICANT

Oregon corporation

Other corporate status [attach description & page] _____

Out-of-state corporation [state] _____

CERTIFYING OFFICER — TYPED/PRINTED NAME & TITLE	SIGNATURE	DATE