BRC Form 251-1 (Rev. 03/06)

7D775-120

TEXAS DEPARTMENT OF STATE HEALTH SERVICES APPLICATION FOR A GENERAL LICENSE ACKNOWLEDGEMENT FOR IN VITRO CLINICAL OR LABORATORY TESTING

Instructions - Complete **ALL ITEMS** of the application. Submit an original and an additional copy of the application to the Texas Department of State Health Services, Radiation Safety Licensing Branch, 1100 West 49th Street, Austin, Texas 78756-3189. Retain a copy for your files. Enclose a competed copy of BRC Form 252-1 with applications for new GLAs only. Upon completion of processing, the general licensee will receive a General License Acknowledgement (GLA), issued in accordance with the provisions of 25 TAC Chapter 289 and the Texas Radiation Control Act.

Legal Business Name and Business Mailing Address (Texas address only):	of Applicant 2.	Physical address where radioacti records maintained:	ve material will be used and
3. Responsible Person (RP)	4.	Telephone No.: FAX Number: E-mail Address:	
5. This application is for:	If	his is an amendment request, che	ck the appropriate box below:
☐ New GLA (Attach an RC Form 252-1)		Name Change	Other
		Address Change	
☐ Amendment of GLA No. <u>G</u>	П	RP Change	
		Change in Radionuclides	
Will you be using mock iodine I-125 reference or cali	ibration sources Yo	sNo	_
6. Specify the radionuclides that will be used and provide	de a brief descripti	on of their use:	
7. CERTIFICATION			
Application is hereby submitted for an acknowledgemen General License specified in 25 TAC §289.251(j)(2)(A radioactive material under this General License, I hereby carry out <i>in vitro</i> clinical or laboratory tests with radi §289.251(j)(2)(A), and that such tests will be performed handling of radioactive materials.	a) for the purpose certify that we, the ioactive material a	of <i>in vitro</i> clinical laboratory tests applicant, have appropriate radials authorized under the General	sting. Concerning the use of ation measuring instruments to License specified in 25 TAC
Signature of Applicant or Representative	Date	Typed or Printed Name	
Signature of Responsible Person D	Date	Typed or Printed Name	

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).