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| DEPARTMENT OF HEALTH SERVICES  Division of Public Health  F-45022 (Rev. 02/05) | | | | | STATE OF WISCONSIN  Bureau of Environmental Health  Radiation Protection Section (608) 267-4797 | | | |
| APPLICATION FOR MATERIAL LICENSE | | | | | | | | |
| The Wisconsin Department of Health Services is requesting disclosure of all information on this application for the purpose of obtaining a radioactive material license. Failure to provide information may result in denial or delay of a radioactive material license. | | | | | | | | |
| **Instructions** – Complete all items. Use supplementary sheets if necessary. Retain a copy and submit the original of the entire application to the Department of Health Services, P.O. Box 2659, Madison, WI 53701-2659. Telephone (608) 267-4797 Fax (608) 267-3695 | | | | | | | | |
| **Item 1. This is an Application For** (check appropriate Item) | | | Item 2. Name and Mailing Address of Applicant (include Zip Code)             ,         - | | | | | |
|  | | A. New License |
|  | | B. Amendment to License Number |
|  | | C. Renewal of License Number |
| Item 3. Address Where Licensed Material Will Be Used Or  Possessed             ,         - | | | Item 4. Contact Person - Name | | | | | |
| Item 5. Contact Person – Telephone Number (include area code)  (   )    -     x | | | | | |
| Submit Items 6 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 | | | | | | | | |
| Item 6. Radioactive Material | | | | | | **Item 7. Purpose(s) For Which Licensed Material Will Be Used.** | | |
|  | a. Element and mass number; b. chemical and/or physical form; and c. maximum amount | | | | |
|  | | | | | |
| **Item 8. Individual(s) Responsible For Radiation Safety Program**  **and Their Training Experience.** | | | | | | **Item 9. Training For Individuals Working In or Frequenting**  **Restricted Areas.** | | |
| **Item 10. Facilities and Equipment.** | | | | | | **Item 11. Radiation Safety Program** | | |
| Item 12. Waste Management | | | | | | **Item 13. License Fees** (See DHS 157.10) | | |
|  | | | | | | Fee Category | Amount Enclosed |  |
| CERTIFICATION (To be signed by an individual authorized to make binding commitments on behalf of the applicant.) | | | | | | | | |
| Item 14.  I hereby certify that this application was prepared in conformance with Wisconsin Administrative Code, Chapter DHS 157 “Radiation Protection” and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief. | | | | | | | | |
| **SIGNATURE –** Applicant or Authorized Individual | | | | Date signed | | | | |
| Print Name and Title of above signatory | | | | | | | | |