

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) <input type="checkbox"/> A. New License <input type="checkbox"/> B. Amendment to License Number <input type="checkbox"/> C. Renewal of License Number	Item 2. Name and Mailing Address of Applicant (include Zip Code) , -
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 a. Element and mass number; b. chemical and/or physical form; and c. maximum amount	Item 7. Purpose(s) For Which Licensed Material Will Be Used.		
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) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 70%; padding: 5px;">Fee Category</td> <td style="width: 30%; padding: 5px;">Amount Enclosed</td> </tr> </table>	Fee Category	Amount Enclosed
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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
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Print Name and Title of above signatory