

RCB Form 016 (05/2009) 20.3.3 NMAC <p style="text-align: center;">APPLICATION RADIOACTIVE MATERIALS LICENSE</p>	Submittal of the application is required to determine that the applicant is qualified and that adequate facilities and procedures exist to protect the public health and safety and property. Send completed and signed form and attachments to New Mexico Environment Department Radiation Control Bureau 1100 Saint Francis Drive Suite 2022, P.O. Box 5469 Santa Fe, New Mexico 87502-5469 FASCIMILE NUMBER (505) 476-8654	
INSTRUCTIONS: <i>The appropriate license application guide must be followed when completing this application form. Send two copies of the entire completed application (this form and attachments) to the Department at the address listed above. The license application guides can be downloaded from the web site: http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/</i>		
1. APPLICATION This is an application for (<i>Check appropriate item</i>) <input type="checkbox"/> A. NEW LICENSE PRC No. _____ or Tax & Rev. No. _____ <input type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER _____ <input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____	2. NAME AND MAILING ADDRESS OF THE APPLICANT FAX NUMBER EMAIL	
3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED 	4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION TELEPHONE NUMBER	
<i>Submit Items 5 through 11 as attachments to this application on separate sheets. The type and scope of information to be provided is described in the corresponding license application guide. A web link to the guides is listed above.</i>		
5. RADIOACTIVE MATERIAL REQUESTED a. Element and Mass Number b. Chemical and/or Physical Form c. Maximum Amount to 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. ANNUAL FEES <input type="checkbox"/> N/A (<i>For new applicants only</i>) <input type="checkbox"/> I HAVE PAID ANNUAL FEES DUE <input type="checkbox"/> I AM ATTACHING PAYMENT WITH THIS APPLICATION	
13. CERTIFICATION 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 20.3 NMAC, "Radiation Protection" rules, and that all information contained herein is true and correct to the best of their knowledge and belief.		
PRINTED/TYPED NAME AND TITLE OF CERTIFYING OFFICER	SIGNATURE	DATE
WARNING: FALSE STATEMENTS AND INFORMATION PROVIDED IN THIS APPLICATION MAY SUBJECT THE CERTIFYING OFFICIAL TO CIVIL AND/OR CRIMINAL PENALTIES.		
DEPARTMENT USE ONLY		Comments:
Receipt Date: _____ <input type="checkbox"/> Adm. Complete on _____ PN: _____ <input type="checkbox"/> Outstanding Annual Fees <input type="checkbox"/> Additional Info Required _____ <input type="checkbox"/> Application Denied on _____ <input type="checkbox"/> Additional Info Received on _____ <input type="checkbox"/> Application Approved; License Issued on _____		