VERMONT
DEPARTMENT OF HEALTH

Application for Radioactive Materials License

INSTRUCTIONS

See the appropriate **NUREG-1556** Consolidated Guidance for detailed instructions for completing the application. Guidance for items 1 through 11 in this application is contained in each of the volumes of the NUREG-1556 Series. Different volumes exist for different activities. You must follow the specific guidance in that specific NUREG-1556 Guidance volume to complete items 1 through 11.

Type or print legibly and attach any additional information. You may submit electronic copies of the application and additional information.

Fees: See the Radioactive Materials Fee Schedule for the appropriate fee to pay.

Certification: The certifying individual must be a company senior officer, who has signature authority, and is responsible for the safe use of radioactive material in the State of Vermont.

Keep a copy and submit the original application to:

Vermont Department of Health
Radioactive Materials Program
P.O. Box 70 – Drawer 30
Burlington, VT 05402
Fax: 802-865-7745
Email: AHS.VDHEnvHealth@vermont.gov

If this is an application for a **NEW license, it must include payment for the appropriate annual fee.** See the Radioactive Materials Fee Schedule.

Application for Radioactive Materials License

1. This is an application for (*check appropriate box)*

   ☐ A. New License

   ☐ B. Amendment to License Number _____

   ☐ C. Renewal of License Number _____

2. Name and mailing address of applicant:

_____

_____

_____

3. Address(es) where licensed material will be used, possessed or stored:

_____

_____

_____

4. Contact Person for this Application: _____

   Business Phone Number: _____

   Business Email: _____

Submit items 5 through 11 on 8-1/2" x 11" paper. The type and scope of information to be provided is as described in the appropriate **NUREG-1556 Guidance series**.

5. Radioactive Material:

   A. Element and mass number

   B. Chemical or physical form

   C. Maximum amount that will be possessed at any one time

6. Purpose(s) for which licensed material will be used

7. Person(s) responsible for Radiation Safety Program, their training and experience

8. Training for person(s) working in or frequenting restricted areas

9. Facilities and equipment

10. Radiation Safety Program

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11. Waste Management

12. License Fees* _____ Amount enclosed $_____

*See the Radioactive Material Fee Schedule.

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 accordance with Chapter 6, Subchapter 5, Radioactive Materials Rule of the Vermont Department of Health and that all information contained herein is true and correct to the best of their knowledge and belief. WARNING: THE STATEMENTS CONTAINED OR REFERENCED HEREIN ARE MADE SUBJECT TO THE PROVISIONS *OF 18 V.S.A. § 130 (Relating to Penalties for Unsworn False Statements to Government Authorities).*		
Certifying Officer Typed or Printed Name	Signature	
Certifying Officer Title	Date	