

**Vermont Department of Health Radioactive Materials Program**

**ATTACHMENT 1.1-7 TO RMPP 1.1**

**APPLICATION FOR RADIOACTIVE MATERIALS LICENSE - Form 313**



**Instructions**

See the appropriate **NUREG-1556** Consolidated Guidance <http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/>, for detailed instructions for completing application. Please also read the instructions below before completing this form. Type or print legibly and attach any additional information. You may submit electronic copies of the application and additional information.

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 kinds of licenses. The applicant must follow the specific guidance in that specific volume to complete items 1 through 11. The NUREG 1556 Guidance volumes are found at <http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/index.html>.

**Fees:** Applicants should refer to Enclosure 1 for appropriate fee schedule.

**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.

**Retain a copy and submit this application in duplicate to:**

**Vermont Department of Health, Radioactive Materials Program  
Environmental Health Division  
108 Cherry Street, P.O. Box 70, Burlington Vermont 05402-0070**

**If this is an application for a NEW license, it must include remittance for the appropriate annual fee.**

**APPLICATION FOR RADIOACTIVE MATERIALS LICENSE - Form 313**

<p>1. This is an application for (<i>check appropriate box</i>)</p> <p>A. New License <input type="checkbox"/></p> <p>B. Amendment to License Number <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>C. Renewal of License Number <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p>	<p>2. Name and Mailing Address of Applicant:</p>   	
<p>3. Address(es) Where Licensed Material Will be Used, Possessed, or Stored:</p> <p>_____</p>		
<p>4. Contact Person for this Application: _____</p> <p>Business Telephone Number: _____ Business Email : _____</p>		
<p><b>Submit items 5 through 11 on 8-1/2" x 11" paper.</b> The type and scope of information to be provided is as described in the appropriate <b>NUREG-1556 series</b>.</p>		
<p>5. Radioactive Material:</p> <p>A. Element and Mass Number</p> <p>B. Chemical or Physical Form</p> <p>C. Maximum Amount That Will Be Possessed at Any One Time.</p>	<p>6. Purpose(es) for which licensed material will be used:</p>  	
<p>7. Individual(s) responsible for Radiation Safety Program, their training and experience:</p>	<p>8. Training for individuals working in or frequenting restricted areas:</p>	
<p>9. Facilities and Equipment:</p>	<p>10. Radiation Safety Program:</p>	
<p>11. Waste Management: Fee Category _____</p>	<p>12. License Fees* _____</p>	<p>Amount Enclosed \$ _____</p>
<p>*See Enclosure 1</p>		
<p>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.</p> <p>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).</p>		
<p>Certifying Officer Typed or Printed Name</p>	<p>Signature</p>	
<p>Certifying Officer Title</p>	<p>Date</p>	