APPLICATION FOR RADIOACTIVE MATERIALS LICENSE

State Form ##### (08-24)
INDIANA DEPARTMENT OF HOMELAND SECURTY

INDIANA DEPARTMENT OF HOMELAND SECURITY
RADIOACTIVE MATERIALS CONTROL PROGRAM
302 West Washington Street, Room E208
Indianapolis, IN 46204
Telephone: (317) 232-2222
E-mail: RMCP@dhs.IN.gov
Website: www.dhs.in.gov

INSTRUCTIONS:

1. *SEE THE CURRENT VOLUMES OF THE NUREG-1556 TECHNICAL REPORT SERIES ("CONSOLIDATED GUIDANCE ABOUT MATERIALS LICENSES") FOR DETAILED INSTRUCTIONS FOR COMPLETING THIS FORM: http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/. SEND ONE COPY OF THE COMPLETED APPLICATION TO THE ADDRESS SPECIFIED BELOW.*

   a. *Submit by mail to:*
   Indiana Department of Homeland Security
   Radioactive Materials Control Program
   302 W. Washington Street, Room E208
   Indianapolis, IN 46204

   b. *AND by email to:*
   RMCP@dhs.in.gov

2. *If additional pages are required attach following this application on 8-1/2 X 11" paper*

1. TYPE OF APPLICATION
This is an application for: ☐ A. New License ☐ B. Amendment to License Number _____ ☐ C. Renewal of License Number _____

2. APPLICANT NAME AND MAILING ADDRESS
Name of Applicant
Address of Applicant *(number and street, city, state, and ZIP code)*

3. LOCATION(S) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED (List below)
Address of Applicant *(number and street, city, state, and ZIP code)* ☐ Used ☐ Stored
Address of Applicant *(number and street, city, state, and ZIP code)* ☐ Used ☐ Stored
Address of Applicant *(number and street, city, state, and ZIP code)* ☐ Used ☐ Stored
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4. PERSON TO BE CONTACTED REGARDING THIS APPLICATION	
Name	Business Telephone Number
Business E-Mail Address	Business Cell Phone Number

5-11. SUBMIT INFORMATION IN THE FOLLOWING SECTIONS ON 8-12 X 11" PAPER FOLLOWING THIS FORM. PROVIDE INFORMATION AS SHOWN IN THE APPLICABLE LICENSING GUIDANCE

5. Radioactive Material a. Element and mass number b. Chemical/physical form c. Maximum amount which will be possessed at any one time	6. Purposes for which licensed material will be used. 7. Individual(s) responsible for radiation safety program and their training and experience.
8. Training for individuals working in or frequenting restricted areas.	9. Facilities and Equipment.
10. Radiation Safety Program.	11. Waste Management.

12. LICENSE FEES	
Fee Category	Amount Enclosed
PER THE DEBT COLLECTION IMPROVEMENT ACT OF 1996 (PUBLIC LAW 104-134), YOU ARE REQUIRED TO PROVIDE YOUR TAXPAYER IDENTIFICATION NUMBER. PROVIDE THIS INFORMATION BY COMPLETING NRC FORM 531: https://www.nrc.gov/reading-rm/doc-collections/forms/nrc531info.html. FAX THE COMPLETED NRC FORM 531 TO (301) 415-6725.	

13. CERTIFICATION (Must be completed by applicant)		
The applicant understands that all statements and representations made in this application are binding upon the applicant. **St** The applicant and any official executing this certification on behalf of the applicant, named in item 2, certify that this application is completed in conformity with 290 IAC 3-#-#, and that all information is completed to the best of their knowledge and belief. Fair Information Practices Act (FIPA)/ false info language if we have applicable state code (need legals help with this)		
Certifying Officer (Name and Title)	Signature	Date

FOR RMCP USE ONLY					
Type of Fee	Fee Log	Fee Category	Amount Received	Check Number	Comments
Approved By				Date	