



RHODE ISLAND RADIATION CONTROL AGENCY
REGISTRATION OF DEVICES POSSESSED UNDER THE
GENERAL LICENSE ISSUED IN 216-RICR-40-20-7.7.1

INSTRUCTIONS: Please review the attached instructions before completing this Registration form. Send the entire completed Registration to: RI Department of Health, Radiation Control Program, 3 Capitol Hill - Room 305, Providence, RI 02908-5097. You should keep a copy of your completed Registration and attachments, as they will be incorporated into your General License by reference.

1. THIS SUBMISSION IS FOR [Check Appropriate Item(s)]

Annual Report: No changes in General License information since last submission on: _____

New Registration [**\$320 Registration Fee Required**] New Device(s) Information – *Also complete Agency Form GEN-4A*

Update to Registration Device(s) No Longer Possessed By General Licensee - *Also complete Agency Form GEN-4B*

Other (Specify) _____

2. NAME AND MAILING ADDRESS OF GENERAL LICENSEE:

3. ACTUAL ADDRESS AT THE LOCATION OF USE*:

*Enter the street address for the physical location of use for the device(s). For portable devices, specify the primary storage location. Do not use P. O. Boxes

4. NAME AND TITLE OF RESPONSIBLE INDIVIDUAL: 5. TELEPHONE #: 6. BUSINESS E-MAIL:

7. CERTIFICATION (*Must be completed*):

I hereby certify that:

- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed, and the device information on this form (and any continuation sheets, if applicable) has been checked against the device labeling.
- C. I am aware of the requirements of the general license, provided in § 7.7.7 of 216-RICR-40-20, *Radiation* [10 CFR 31.5(c) (13)].

(Signature of Responsible Individual listed in Item 3)

(Date)

FOR AGENCY USE ONLY

Correct fee submitted for New Registration: Yes No N/A

Information agrees with data provided to Agency by
GL device manufacturer/distributor: Yes No N/A

Registration number assigned: **GEN4-** _____