

RCB Form 016 (05/2009) 20.3.3 NMAC APPLICATION RADIOACTIVE MATERIALS LICENSE		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, P.O. Box 5469 Santa Fe, New Mexico 87502-5469 FASCIMILE NUMBER (505) 476-8654	
INSTRUCTIONS: <i>The appropriate license guidance should be followed when completing this application form. The license application guidance can be downloaded from the web site: http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/ Amendment to a license may be submitted by facsimile listed above.</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 Receipt Date: _____ Adm. Complete on _____ PN: _____ Outstanding Annual Fees _____ Additional Info Required _____ Application Denied on _____ Additional Info Received on _____ Application Approved; License Issued on _____		Comments:	