



RADIOACTIVE MATERIALS UNIT  
 PO BOX 64975  
 ST. PAUL, MN 55164-0975  
 651-201-4400

**APPLICATION FOR MATERIALS LICENSE**

**INSTRUCTIONS:** COMPLETE ALL ITEMS IF THIS IS AN INITIAL APPLICATION OR RENEWAL. USE SUPPLEMENTAL SHEETS WHERE NECESSARY. MINNESOTA DEPARTMENT OF HEALTH (MDH) REGULATORY GUIDES FOR LICENSES CAN BE FOUND ON THE INTERNET AT [www.health.state.mn.us/ram](http://www.health.state.mn.us/ram). A LINK TO THE MINNESOTA RADIOACTIVE MATERIALS RULES CAN BE FOUND AT THAT WEB SITE. TO ENSURE A COMPLETE AND ACCURATE APPLICATION, PLEASE USE THE APPROPRIATE REGULATORY GUIDE AS A REFERENCE WHILE COMPLETING THIS APPLICATION.

1. THIS IS AN APPLICATION FOR *(Check appropriate item)*

A. NEW LICENSE

B. AMENDMENT TO LICENSE

C. RENEWAL OF LICENSE

LICENSE NUMBER: \_\_\_\_\_  
*(If the box for B or C is checked, include License Number)*

2. NAME AND MAILING ADDRESS OF APPLICANT

2A. FEDERAL TAX ID NUMBER:

3. ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

4A. PHONE NUMBER

**SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.**

5. RADIOACTIVE MATERIAL

a. Element and mass number;  
 b. chemical and/or physical form; and  
 c. maximum amount which will 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. LICENSE FEE  
 AMOUNT ENCLOSED \$ \_\_\_\_\_  
*(Note: There is no fee for a license renewal.)*

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 CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILL FULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER *(Typed/Printed Name and Title)*

SIGNATURE

DATE