



**APPLICATION FOR RADIOACTIVE MATERIAL LICENSE**  
**NORTH DAKOTA DEPARTMENT OF HEALTH**  
**RADIATION CONTROL PROGRAM**  
 SFN 8418 (10/12)

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE (NUREG-1556 SERIES) FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. EMAIL A COPY OF THE ENTIRE COMPLETED APPLICATION TO RAM@ND.GOV

1. <input type="checkbox"/> A. New License  <input type="checkbox"/> B. Amendment to License Number _____  <input type="checkbox"/> C. Renewal of License Number _____  <input type="checkbox"/> D. Current NRC or Agreement State License No. _____	2. Name and Mailing Address of Applicant (include Zip Code)				
3. Address where Licensed Material will be Used or Possessed	4. Name of Person to be Contacted about this Application  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Business Telephone Number</td> <td style="width:50%;">Business Cell Phone Number</td> </tr> <tr> <td colspan="2">Business Email Address</td> </tr> </table>	Business Telephone Number	Business Cell Phone Number	Business Email Address	
Business Telephone Number	Business Cell Phone Number				
Business Email Address					

**SUBMIT DOCUMENTATION FOR ITEMS 5 THROUGH 11 AND AN ELECTRONIC COPY OF YOUR CURRENT OPERATING AND EMERGENCY PROCEDURES MANUAL. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE APPROPRIATE LICENSE APPLICATION GUIDE (NUREG-1556 SERIES).**

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 (See North Dakota Radiological Health Rule 33-10-11)		
License Type	Amount Enclosed	
13. OBTAIN A "CERTIFICATE OF AUTHORITY" FROM THE NORTH DAKOTA SECRETARY OF STATE TO OPERATE IN NORTH DAKOTA. CALL (800) 352-0867 EXT. 4284 FOR MORE INFORMATION.		
14. 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 RADIATION HEALTH CHAPTERS 33-10-3.1, -4.2, -5.1, -7.2, -10.1, -11, -12.1, -13.1, -16, -17, -20, -21 AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.		
Certifying Officer – Typed/Printed Name and Title	Signature	Date

A hard copy of this form shall be signed, dated and submitted to the Department along with the appropriate license fee. Payment shall be in the form of a check or money order payable to the North Dakota Department of Health. Send to:

North Dakota Department of Health  
 Division of Air Quality, 2<sup>nd</sup> Floor  
 918 East Divide Avenue  
 Bismarck, ND 58501-1947

FOR DEPARTMENT USE ONLY				
TYPE OF FEE	FEE CATEGORY	AMOUNT RECEIVED \$	CHECK NUMBER	COMMENTS
			DATE	