

**APPLICATION
FOR
RADIOACTIVE
MATERIAL
LICENSE**

DRC 11 (Rev. 5/2023)

**DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF ENVIRONMENTAL COMPLIANCE
RADIATION LICENSING SECTION
POST OFFICE BOX 4312
BATON ROUGE, LOUISIANA 70821-4312
PHONE: (225) 219-3041 FAX: (225) 219-3154
E-MAIL: LDEQRadiationlicensing@la.gov**

OFFICE USE ONLY	
License #	
AI #	
Amendment #	
Date Received	
Type Code:	Fee Code:

1. NAME OF APPLICANT		2. LICENSE NUMBER: New License Application Renewal Amendment Request				
MAILING ADDRESS		3. DEPARTMENT, LOCATION OR ADDRESSES AT WHICH USED AND/OR STORED				
ZIP CODE:		<input type="checkbox"/> Check if it is the same as Item 1 only <input type="checkbox"/> Temporary Job Sites in LA <input type="checkbox"/> Out of State (List States) <input type="checkbox"/> Offshore Enter Address here:				
AREA CODE	TELEPHONE NO.	EMAIL:				
AREA CODE	FAX NO.					
4. RADIATION PROGRAM PERSONNEL		TITLE OR FUNCTION	RESUME			
PERSON RESPONSIBLE FOR RADIATION PROTECTION (RSO)			ATTACHMENT	PAGE OR ITEM		
INDIVIDUAL(S) OR COMMITTEE RESPONSIBLE FOR USE		<input type="checkbox"/> Committee Chairman				
COMMITTEE TITLE		NO. OF ADDITIONAL COMMITTEE MEMBERS OR INDIVIDUALS				
5. PERSONNEL MONITORING			NOT APP.	ATTACHMENT	PAGE OR ITEM	
a. Personnel Dosimetry	Name of Supplier:	RADIATION DETECTED				
	Exchange Period:	<input type="checkbox"/> Alpha <input type="checkbox"/> Beta <input type="checkbox"/> Gamma <input type="checkbox"/> Neutron <input type="checkbox"/> X-Ray <input type="checkbox"/> Radon				
	Where Worn:					
b. Pocket Chamber or Dosimeter	Manufacturer:	RADIATION DETECTED				
	Model: Max. Range:	<input type="checkbox"/> Alpha <input type="checkbox"/> Beta <input type="checkbox"/> Gamma <input type="checkbox"/> Neutron <input type="checkbox"/> X-Ray <input type="checkbox"/> Radon				
	<input type="checkbox"/> Direct Reading					
c. Bio-Assay	Laboratory:					
	Type of Sample:	Frequency of Samples:				
	Radiation or Radioactive Material Assayed					
d. Other	Describe					
6. AREA MONITORING						
a. Contamination Surveys: Routine Frequency--						
b. Radiation Area Surveys: Routine Frequency--						
Environmental Surveys: <input type="checkbox"/> Air <input type="checkbox"/> Water Where-- Freq.						

7. LEAK TESTS												
Company: <input type="checkbox"/> Evaluated by Applicant (Attach Procedure)												
Kit Model No.: _____ Frequency: _____												
8. WASTE DISPOSAL												
Company: _____												
Maximum Total Activity: _____					Maximum Storage period: _____							
<input type="checkbox"/> Incineration <input type="checkbox"/> Storage <input type="checkbox"/> Burial <input type="checkbox"/> Sewer System <input type="checkbox"/> Ship to Licensed Recipient												
9. ATTACHMENTS												
a. Health Physics Program												
b. Physical Facilities												
10. HEALTH PHYSICS INSTRUMENTATION										NOT APPLICABLE	ATTACHMENT	PAGE OR ITEM
MANUFACTURER	MODEL	QUAN- TITY	RADIATION DETECTED	DOSE OR COUNT RANGE	ENERGY RANGE	TYPE, USE, OR PURPOSE	CALIBRATION					
							COMPANY OR PROCEDURE	FREQUENCY				
11. GENERAL INSTRUMENTATION										NOT APPLICABLE	ATTACHMENT	PAGE OR ITEM
MANUFACTURER	MODEL	QUAN- TITY	RADIATION DETECTED	TYPE, USE, OR PURPOSE								
12. MEDICAL SUPPLEMENTS										NOT APPLICABLE	ATTACH- MENT	PAGE OR ITEM
a. INSTRUCTIONS FOR CARE OF PATIENTS CONTAINING RADIOACTIVE MATERIALS												
b. HOSPITALS WHERE RADIOACTIVE MATERIALS ARE USED (INDIVIDUALS ATTACH APPROVAL)												
c. HOSPITALS WHICH ADMIT MY PATIENTS CONTAINING RADIOACTIVE MATERIALS (ATTACH APPROVAL)												
d. PRECEPTOR STATEMENTS												
13. INDUSTRIAL RADIOGRAPHY SUPPLEMENTS												
a. Training Program for Industrial Radiography Personnel; Periodic Retraining												
b. Internal Management Review Procedures and Controls												
c. Organizational Structure												
d. Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other												
e. Applicant is Controlled Directly or Indirectly by the Following Corporation or Legal Entity (Name & Address)												
f. Applicant is Incorporated Under the Laws of:												
g. OFFICERS, PARTNERS OR STOCKHOLDERS			ADDRESS			NUMBER OF SHARES OR PERCENTAGE IF OVER 10%						

14. ADDENDUM TO PERMIT APPLICATIONS PER LAC 33:I.1701					
15. ENTER NAME & COMPANY AFFILIATION OF ANYONE OTHER THAN AN EMPLOYEE OF THE APPLICANT GIVEN IN ITEM 1 WHO ASSISTED IN THE PREPARATION OF THE APPLICATION			Name:		
			Company:		
The applicant and any official executing this certificate on behalf of the applicant named in Item 1 certify that this application is prepared in conformity with the Louisiana Radiation Regulations and that all information confirmed herein, including any supplements attached thereto, is true and correct to the best of our knowledge or belief.					
DATE	APPLICANT	SIGNATURE	TITLE		

All applications must be signed and dated.

Submit the original to Louisiana Department of Environmental Quality, Registrations and Certifications Section-Radiation.