

**APPLICATION
FOR RADIOACTIVE
MATERIAL
LICENSE**

DRC 11 (Rev. 4/2026)

**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	

1. NAME OF APPLICANT		2. <input type="checkbox"/> New License Application <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment Request				
MAILING ADDRESS		LICENSE NUMBER:				
TELEPHONE NO.		3. DEPARTMENT, LOCATION OR ADDRESSES AT WHICH USED AND/OR STORED:				
FAX NO.		<input type="checkbox"/> Check if same as Item 1 only <input type="checkbox"/> Temporary Job Sites in Louisiana <input type="checkbox"/> Offshore <input type="checkbox"/> Out of State (List States)				
EMAIL:						
4. RADIATION PROGRAM PERSONNEL		TITLE OR FUNCTION	RESUME			
			ATTACHMENT	PAGE OR ITEM		
a. RADIATION SAFETY OFFICER (RSO):						
b. INDIVIDUAL(S) OR COMMITTEE RESPONSIBLE FOR USE:						
c. COMMITTEE TITLE: (if applicable)						
Committee Chairman:						
Number of Additional Committee Members or Individuals:						
5. PERSONNEL MONITORING			NOT APPLICABLE	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							NOT APPLICABLE	ATTACHMENT	PAGE OR ITEM
a. Contamination Surveys: Routine Frequency:									
b. Radiation Area Surveys: Routine Frequency:									
c. Environmental Surveys: <input type="checkbox"/> Air <input type="checkbox"/> Water		Where:		Freq.:					
7. LEAK TESTS							NOT APPLICABLE	ATTACHMENT	PAGE OR ITEM
Company:				<input type="checkbox"/> Evaluated by Applicant (Attach Procedure)					
Kit Model No.:			Frequency:						
8. WASTE DISPOSAL							NOT APPLICABLE	ATTACHMENT	PAGE OR ITEM
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							NOT APPLICABLE	ATTACHMENT	PAGE OR ITEM
a. Health Physics Program									
b. Physical Facilities									
c. Training Program									
10. HEALTH PHYSICS INSTRUMENTATION						NOT APPLICABLE	ATTACHMENT		
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	ATTACHMENT	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			NOT APPLICABLE	ATTACHMENT	PAGE OR ITEM
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, Radiation Section.