



**Department of Environmental Quality
Licensing & Registrations Section
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Office Use Only
APPLICATION
AI#
GL#
Docket#

GENERALLY LICENSED RADIATION SOURCE APPLICATION

DRC-21 (3/7/2024)

General License No.:

This application is for

- Licensing of New Source Transfer of Source to Another Location or Owner
 Change of Address or other Information (Please Refer to Reverse Side)

FACILITY INFORMATION

1. Name of Owner or Possessor: (Individual, Facility, etc.)	2. Area Code-Telephone Number
3. Mailing Address: No. & Street	City & State
	Zip Code
	Parish
4. Address at which source will be used, if different from above <input type="checkbox"/> Same as item 3	5. Dept. or Location at which source will be used

USER INFORMATION

6. Individual in Charge of Source	7. Individual Responsible for Radiation Protection <input type="checkbox"/> Same as item 6
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SOURCE INFORMATION

8. Device <input type="checkbox"/> Analyzer <input type="checkbox"/> Gas Chromatograph <input type="checkbox"/> Gauge <input type="checkbox"/> Static Eliminator <input type="checkbox"/> Tritium Sign <input type="checkbox"/> Other _____					
9. Device is: <input type="checkbox"/> Fixed <input type="checkbox"/> Mobile					
a. Device Manufacturer	b. Device Model Number	c. Device Serial Number	d. Device Quantity	e. Isotope & Activity	f. Source Model Number

CERTIFICATION

10. This is to certify that, to the best of my knowledge and belief, all information contained herein, including any supplements attached hereto, is true and correct.

_____ Date _____ Primary Contact Person _____ Applicant Named in Item 1 _____ Federal Tax ID #

Submit the completed original application for each source of radiation to the above address, and maintain a copy for your files.

_____ By _____ Title

NOTE: All applications must be signed and dated before a Radiation General License Certificate can be issued.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR A GENERALLY LICENSED RADIATION SOURCE

Indicate whether the application is for new source, a transfer of source to another location or owner, for change of address, or other information. If there is a change of ownership, please indicate from whom the equipment was purchased.

1. Item 1 refers to the legal title and/or administrative control of the source.
2. Item 2 is self-explanatory.
3. When giving mailing address, be sure to include zip-code.
4. List the physical address at which source may be used other than the address listed in Item 3. If the same as Item 3, please check the box provided.
5. Please give the Department or location where the radiation source will be primarily used or stored, if applicable.
6. Item 6 refers to that person specifically designated to be in charge of the radiation source that is being licensed.
7. List the individual whom is delegated responsibility for radiation control for the facility. If the same as Item 6, please check the box.
8. By checking the appropriate box, please indicate the type of radiation source that is to be licensed. If the radiation source does not fit one of the categories listed, please specify "other".
9. For Item 9, license only one source on a single application form. Indicate by check whether the source is fixed or mobile.
Please identify the radiation source by indicating the:
 - a. Device manufacturer's name
 - b. Device model number
 - c. Device serial number
 - d. Quantity
 - e. Isotope and Activity
 - f. Source model number
10. Please complete the certification required by Item 10. The facility name should appear in the top blank, and the person responsible for the unit should sign below, giving his title. List the Federal Tax ID Number, or if not applicable, the owner's Social Security number.

COMPLETE IF SOURCE WAS TRANSFERRED OR DISPOSED OF

1. ALL MATERIALS PROCURED OR PROCESSED BY THE LICENSEE UNDER THE GENERAL LICENSE NUMBER CITED ON SIDE 1 HAVE BEEN TRANSFERRED ON:		
Date:	To:	
	License Number:	
OR		
2. ALL MATERIALS PROCURED OR PROCESSED BY THE LICENSEE UNDER THE GENERAL LICENSE NUMBER CITED ON SIDE 1 HAVE BEEN TRANSFERRED ON:		
Date:	To:	
	Transferee License Number	Issued By The State Of
OR		