



**Department of Environmental Quality**  
**Radiation 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
<b>APPLICATION</b>
AI#
GL#
Docket#

**GENERALLY LICENSED RADIATION SOURCE APPLICATION**

DRC-21 (8/22/2025)

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					
<b>a. Device Manufacturer</b>	<b>b. Device Model Number</b>	<b>c. Device Serial Number</b>	<b>d. Device Quantity</b>	<b>e. Isotope &amp; Activity</b>	<b>f. Source Model Number</b>

**CERTIFICATION**

10. This is to certify by the responsible representative that all information contained herein, including any supplements attached hereto, is true and correct. ☐ YES ☐ NO

11. This is to certify by the responsible representative of the general licensee that he or she is aware of the requirements of the general license. ☐ YES ☐ NO

Date	Signature of Certifying Person	Print Certifier's Name
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**Submit the completed original application for each source of radiation to the above address, and maintain a copy for your files.**

By	Title
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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

**The addendum to permit applications per LAC 33:I.1701 is now required by the Department of Environmental Quality to be completed with each application.**

This can be found at <http://www.deq.state.la.us/permits/1701addendum.doc> or  
<http://www.deq.state.la.us/permits/1701addendum.pdf>

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 and 11. The facility name should appear in the top blank, and the person responsible for the unit should sign below, giving his title.

**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