



DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF ENVIRONMENTAL COMPLIANCE
RADIATION LICENSING SECTION
POST OFFICE BOX 4312
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| OFFICE USE ONLY |
|-----------------|
| License # |
| AI # |
| Activity # |
| Amendment |

RADIATION FACILITY NAME OR OWNERSHIP CHANGE FORM

Notification of:

| | |
|---|-------------------------|
| <input type="checkbox"/> Ownership Change | Date of Transfer |
| <input type="checkbox"/> Name Change (<input type="checkbox"/> Company <input type="checkbox"/> Facility) | Date of Change |

| | | |
|-------------------------|----------------|-----------|
| CURRENT NAME ON LICENSE | LICENSE NUMBER | AI NUMBER |
|-------------------------|----------------|-----------|

| | | |
|----------------------------------|--------------|----------|
| PHYSICAL ADDRESS Number & Street | City & State | Zip Code |
|----------------------------------|--------------|----------|

List all changes in organizations, facilities, equipment or personnel.

Describe the process by which the name change occurred. For example, was the company sold, reorganized, just changed its name, or some other process?

- Y N If the company was sold, will the existing company remain in business?
- Y N Does the new owner agree to abide by all commitments and representations previously made to the Department by the existing owner?
- Y N Does the new owner agree to accept all previous inspection items, ongoing investigations, and any resulting enforcement actions that are pending against the transferee or transferor?
- Y N Do the buyer and seller agree to the transfer? (attach agreement)
- Y N Has the Radiation Safety Officer on the license changed because of this action? (If yes, attach documentation of training and experience for RSO)
- Y N Has there been any changes to personnel or duties that relate to the licensed program? (If yes, attach training and experience for new personnel and any changes in the training program.)
- Y N Will there be any changes to the location, facilities, equipment, radiation safety program, use, possession, waste management, or other procedures that relate to the licensed program? (If yes, attach all changes.)
- Y N Is the current decommissioning funding plan (DFP) changing as a result of the transfer? (If yes, submit the new DFP and confirm all financial assurance instruments associated with the license will be held in the transferee's name before the license is transferred as required by LAC 33:XV.325.D. The licensee must within 30 days submit financial instruments reflecting such changes.)
- Y N Are X-Ray Registrations included in this transfer? (If so, please attach a list of the registration numbers or a copy of the registration certificates.)

NOTE: The Addendum to Permit Applications form must be submitted with each name or ownership change.

<https://deq.louisiana.gov/assets/docs/Forms/1701-Addendum-06.doc>

If there are a large number of changes or if there is any major change in the radiation program, a new complete application for a license or registration may be required.

| | | | |
|---|----------------------------------|------------------|----------|
| NEW OWNER | | NEW LICENSE NAME | |
| MAILING ADDRESS NUMBER & STREET | | CITY & STATE | ZIP CODE |
| BILLING ADDRESS (if different than mailing) | | CITY & STATE | ZIP CODE |
| PHYSICAL ADDRESS | | CITY & STATE | ZIP CODE |
| CONTACT NAME | | TITLE | |
| PHONE NUMBER | FAX NUMBER | EMAIL | |
| CERTIFICATION (Must be signed by the President, Registered Agent, CEO, COO, CFO, Partner, or Owner) I certify that all information submitted is true and correct to the best of my knowledge. | | | |
| PRINTED NAME/TITLE - RESPONSIBLE OFFICIAL | SIGNATURE - RESPONSIBLE OFFICIAL | DATE | |