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| **ldeq-logo** | **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**](mailto:LDEQRadiationlicensing@la.gov) | **OFFICE USE ONLY** |
| License # |
| AI # |
| Activity # |
| Amendment |
| RADIATION FACILITY NAME OR OWNERSHIP CHANGE FORM | | |

**Notification of:**

|  |  |
| --- | --- |
| **Ownership Change** | **Date of Transfer** |
| **Name Change** ( Company  Facility) | **Date of Change** |

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| **The Addendum to Permit Applications form must be submitted with each name or ownership change.**  **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.** | | | | | | | |
| CURRENT NAME ON LICENSE / REGISTRATION | | | | LICENSE / REGISTRATION 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?  Y N Has the Radiation Safety Officer on the license changed because of this action? (if yes, attach documentation) | | | | | | | |
| NEW OWNER / NEW NAME | | CONTACT NAME & TITLE | | | | | |
| MAILING ADDRESS Number & Street City & State Zip Code | | | | | | | |
| BILLING ADDRESS (if different than mailing) City & State Zip Code | | | | | | | |
| PHONE NUMBER | FAX NUMBER | | | | EMAIL | | |
| PRINTED NAME/TITLE - RESPONSIBLE OFFICIAL | | | SIGNATURE - RESPONSIBLE OFFICIAL | | | DATE | |

**RAD-44 (5/2023)**