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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** | **OFFICE USE ONLY** |
| License # |
| AI # |
| Activity # |
| Amendment |
| RADIATION FACILITY NAME OR OWNERSHIP CHANGE FORM |

**Notification of:**

|  |  |
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| **[ ] 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)**