



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 |

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? | | |
| <input type="checkbox"/> Y <input type="checkbox"/> N If the company was sold, will the existing company remain in business? | | |
| <input type="checkbox"/> Y <input type="checkbox"/> N Does the new owner agree to abide by all commitments and representations previously made to the Department by the existing owner? | | |
| <input type="checkbox"/> Y <input type="checkbox"/> 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? | | |
| <input type="checkbox"/> Y <input type="checkbox"/> N Do the buyer and seller agree to the transfer? | | |
| <input type="checkbox"/> Y <input type="checkbox"/> 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 |