



DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF ENVIRONMENTAL COMPLIANCE
RADIATION LICENSING SECTION
POST OFFICE BOX 4312
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E-MAIL: LDEQRadiationlicensing@la.gov

OFFICE USE ONLY
License #
AI #
Activity #
Amendment

RADIOACTIVE MATERIAL LICENSE 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
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PHYSICAL ADDRESS Number & Street	City & State	Zip Code
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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? (attach agreement)
<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 of training and experience for RSO)
<input type="checkbox"/> Y <input type="checkbox"/> N	Will there be any changes to personnel or duties that relate to the licensed program? (If yes, attach training & experience for new personnel and any changes in the training program.)
<input type="checkbox"/> Y <input type="checkbox"/> N	Will there be any changes in the location, facilities, equipment, radiation safety program, use, possession, waste management, or other procedures that relate to the licensed program? (Attach all changes)
<input type="checkbox"/> Y <input type="checkbox"/> N	Is current decommissioning funding plan (DFP) changing as a result of the transfer? (If yes, submit new DFP and confirm that all financial assurance instruments associated with the license will be held in the transferee's name before the license is transferred and required by LAC 33:XV.325.D. The licensee must within 30 days, submit financial instruments reflecting such changes.)
<input type="checkbox"/> Y <input type="checkbox"/> N	X-Ray Registration(s) are included in this transfer. (If yes, attach list of registration numbers or copy of registration certificates.)
<input type="checkbox"/> Y <input type="checkbox"/> N	NORM General and/or Specific License(s) are included in this transfer. (If yes, include RPD-36 Form.)

NEW OWNER		NEW LICENSE NAME	
MAILING ADDRESS Number, Street, & Ste.		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 Responsible Official) I certify that all information submitted is true and correct to the best of my knowledge.			
PRINTED/TYPED NAME - RESPONSIBLE OFFICIAL		TITLE	
SIGNATURE - RESPONSIBLE OFFICIAL		DATE	
<p>NOTE: <i>The Addendum to Permit Applications form must be submitted with each name or ownership change.</i></p> <p>https://deq.louisiana.gov/assets/docs/Forms/1701-Addendum-06.doc</p> <p><i>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.</i></p>			