



DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF ENVIRONMENTAL COMPLIANCE
RADIATION LICENSING SECTION
POST OFFICE BOX 4312
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OFFICE USE ONLY
Registration
AI
Activity
Fees Paid

RADIATION REGISTRATION 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 REGISTRATION	REGISTRATION NUMBER	AI NUMBER
PHYSICAL ADDRESS Number, Street, & Ste.	City & State	Zip Code
<input type="checkbox"/> Attach Registration Certificates or list of machines included in change.		
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	Will there be any changes in the location, facilities, equipment, radiation safety program, use, possession, waste management, or other procedures? (Attach changes)	
<input type="checkbox"/> Y <input type="checkbox"/> N	Will there be any changes to management, personnel, or duties that relate to the program? (Attach changes)	
<input type="checkbox"/> Y <input type="checkbox"/> N	Has the Radiation Safety Officer or individual responsible for radiation protection changed because of this action? (if yes, provide name, title, and contact information)	
NEW OWNER	NEW REGISTRATION NAME	
MAILING ADDRESS Number, Street, & Ste.	City & State	Zip Code
BILLING ADDRESS (if different than mailing)	City & State	Zip Code

INDIVIDUAL RESPONSIBLE FOR RADIATION PROTECTION		
PHONE NUMBER	FAX NUMBER	EMAIL
PRIMARY 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
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 or radiation machines, a new DRC6 application may be required.		