



RADIOACTIVE WASTE TRANSPORTATION PERMIT APPLICATION

(Rev. 8/19/08)



Permit Number(s) IDHS Completed
(For IDHS use)

Date Received IDHS Completed
(For IDHS use)

1. Applicant Information (Person who is responsible for the shipment of radioactive waste.)

Contact Name:		Title:	
Organization Name:			
Address:			
City:	State:	Zip Code:	
Email:		Phone:	

2. Carrier Information

Name of Carrier:	
Contact Name:	Title:
Contact Phone:	Contact Email:

3. Anticipated waste shipment information

Indicate if shipment is: Low Level Waste High level Waste

Shipment Date	Shipment Origin	Shipment Destination	Amount Shipped (lbs or tons)	Number of Shipments
Material	Isotope (s)	Activity by Isotope	Is a Level VI CVSA inspection planned for this load prior to its arrival in Indiana? yes/no (If yes list state that will perform inspection.)	
Shipment Route through Indiana (brief description)			Comments	