APPLICATION FOR RADIOACTIVE MATERIALS LICENSE

State Form 9900456 (R0 / 9-26)

INDIANA DEPARTMENT OF HOMELAND SECURITY
RADIOACTIVE MATERIALS CONTROL PROGRAM
302 West Washington Street, Room E208
Indianapolis, IN 46204
Telephone: (317) 232-2222
E-mail: RMCP@dhs.IN.gov
Website: www.dhs.in.gov

INSTRUCTIONS:

1. *SEE THE CURRENT VOLUMES OF THE NUREG-1556 TECHNICAL REPORT SERIES ("CONSOLIDATED GUIDANCE ABOUT MATERIALS LICENSES") FOR DETAILED INSTRUCTIONS FOR COMPLETING THIS FORM: http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/. SEND ONE COPY OF THE COMPLETED APPLICATION TO THE ADDRESS SPECIFIED BELOW.*

   a. *Submit by mail to:*
   Indiana Department of Homeland Security
   Radioactive Materials Control Program
   302 W. Washington Street, Room E208
   Indianapolis, IN 46204

   b. *OR by email to:*
   RMCP@dhs.in.gov

2. *If additional pages are required attach following this application on 8.5 X 11" paper*

1. TYPE OF APPLICATION
☐ A. New License ☐ B. Amendment to License Number _____ ☐ C. Renewal of License Number _____

2. APPLICANT'S NAME AND MAILING ADDRESS	
Licensee Name:	
Address:	Email:
City, State, Zip:	Phone:
☐ Indiana Secretary of State Business Registration is attached. (*Or equivalent state business registration*)	

3. LOCATION(S) WHERE LICENSED MATERIAL WILL BE USED OR STORED OR BOTH *If additional space Is required, attach information on 8.5 x 11" paper.*		
Site Address(es): City, State, Zip:	How will radioactive material be used at this location: ☐Used ☐Stored ☐Both Used and Stored	Temporary Jobsites: ☐ Request TEMPORARY JOBSITES (≤ 180 days during any twelve-month period)
Contact Name:	Phone:	Email:

4. PERSON TO BE CONTACTED REGARDING THIS APPLICATION	
Name:	Title:
Address:	Email:
City, State, Zip:	Phone:

5-11. SUBMIT INFORMATION IN THE FOLLOWING SECTIONS ON 8.5 X 11" PAPER FOLLOWING THIS FORM. PROVIDE INFORMATION AS SHOWN IN THE APPLICABLE NUREG 1556 LICENSING GUIDANCE	
5. Radioactive Material a. Element and mass number b. Chemical/physical form c. Maximum amount which will be possessed at any one time	6. Purposes for which licensed material will be used. 7. Individual(s) responsible for radiation safety program and their training and experience.
8. Training for individuals working in or frequenting restricted areas.	9. Facilities and Equipment.
10. Radiation Safety Program.	11. Waste Management.

12. LICENSE FEES	
Fee Category	Amount Enclosed
For new licenses, fees must be submitted before the department begins formal licensing actions. Submit fees using the nuclear regulation fee collection portal: https://in.accessgov.com/dhs/Forms/Page/dhs/idhs-nuclear-regulation-fee-collection/	

13. CERTIFICATION (Must be completed by applicant)		
The applicant understands that all statements and representations made in this application are binding upon the applicant. The applicant and any official executing this certification on behalf of the applicant, named in item 2, certify that this application is completed in conformity with 290 IAC 3 and that all information is completed to the best of their knowledge and belief.		
Certifying Officer (Name and Title)	Signature:	Date:

FOR RMCP USE ONLY					
Type of Fee	Fee Log	Fee Category	Amount Received	Check Number	Comments
Approved By				Date	