



RADIOACTIVE WASTE & RADIOACTIVE MATERIALS TRANSPORTATION PERMIT APPLICATION

IC 10-14-8 and IC 10-14-9.

Return this completed form to:

INDIANA DEPARTMENT OF HOMELAND SECURITY – CBRNE Section
 302 West Washington Street, Room E241
 Indianapolis, IN 46204
 Fax: (317) 234-7234
 Email: CBRNE@dhs.in.gov

Instructions: 1. Please complete all applicable areas of the form.
 2. All payments are payable to the IDHS - Nuclear Response Fund.

APPLICANT INFORMATION (SHIPPER'S ORGANIZATION)

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

CARRIER INFORMATION

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

PERMIT REQUEST INFORMATION

Indicate if shipment is: <input type="checkbox"/> Low Level Waste <input type="checkbox"/> High Level Waste/Spent Fuel <input type="checkbox"/> HRCQ	Rail Shipment Truck Shipment <input type="checkbox"/> <input type="checkbox"/>
Shipment Date:	Number of Trucks/Casks:
Shipment Origin:	Is a Level VI CVSA inspection planned for this load prior to its arrival in Indiana? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list the state that will perform inspection:
Shipment Destination:	
Shipment Route through Indiana:	Shipment Description (material and quantities):

APPLICATION CERTIFICATION

I, or we, _____, hereby certify, under penalty, that the information contained in this application is true and accurate to the best of my knowledge and belief and that the described above will conform in every aspect and at all times with the laws and rules.

Signature:	Date (month/day/year):
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PERMIT FEES

Low Level Waste	\$100.00 per shipment
High Level Waste/Spent Fuel	Truck: \$2,500.00
	Rail: \$4,500.00/1st cask, 3,000.00/each additional cask
Highway Route Controlled Quantity	Truck \$1,800.00
	Rail: \$1,300.00/1st cask, \$125.00/each additional cask

Date permit issued (m/d/y)	Type of permit:	Fee amount/ year of permit:	Permit # (for IDHS use):	Date Received (for IDHS use):
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