



**NORTH CAROLINA
RADIOACTIVE MATERIALS BRANCH
RADIATION PROTECTION SECTION**

(RMB USE ONLY)

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APPLICATION FOR ACCELERATOR LICENSE

INSTRUCTIONS: Complete Items 1 through 5, using additional sheets as necessary. Refer to the appropriate licensing guide for information that **MUST** accompany this completed application form. Item 5 **MUST** be completed on all applications. E-Mail **ONE** copy of this application and a single copy of all supporting information to: LICENSING.RAM@DHHS.NC.GOV. Upon approval of the complete application, the applicant will receive an Accelerator License issued in accordance with the requirements contained in Chapter 104E of the North Carolina General Statutes and Title 10A, Chapter 15, of the North Carolina Administrative Code.

1a. LEGAL BUSINESS NAME <u>AND</u> MAILING ADDRESS OF THE APPLICANT	1b. PHYSICAL ADDRESS(ES) AT WHICH THE ACCELERATOR(S) WILL BE USED OR POSSESSED
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2. RADIATION SAFETY OFFICER: Name Phone No. e-mail addr.	3. INDIVIDUAL TO BE CONTACTED ABOUT THIS APPLICATION Name Phone No. e-mail addr.
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4. CHECK THE TYPE AND CATEGORY OF LICENSE YOU ARE APPLYING FOR:

THIS IS AN APPLICATION FOR A: NEW LICENSE OR RENEWAL OF

TYPE (check one only)

MEDICAL* INDUSTRIAL/NON-MEDICAL ACADEMIC

CATEGORIES (check one only)

BROAD SCOPE CYCLOTRON SERVICE/CONSULTANT

HOSPITAL-BASED RESEARCH/R&D/LAB MANF. and/or DISTRIBUTION

NON-HOSPITAL BASED INDUSTRIAL RADIOGRAPHY VETERINARY (non-human medical use)

OTHER (describe)

** Medical means that the accelerator will be used by physicians for the treatment of disease in humans*

IN ORDER TO COMPLETE THIS LICENSE APPLICATION YOU NEED TO SUBMIT ALL SUPPORTING INFORMATION

CERTIFICATION (MUST be completed by the applicant before this application can be processed by the agency)

5. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, CERTIFY THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, HAS BEEN PREPARED IN CONFORMITY WITH ALL APPLICABLE NORTH CAROLINA LAWS AND REGULATIONS AND IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

BY: _____

Signature of Certifying Official Date Signed

Printed Name and Title of Certifying Official

FOR RPS USE ONLY

Comments: