



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

(RMB USE ONLY)

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APPLICATION FOR AMENDMENT
(other than renewal)

INSTRUCTIONS: Complete Items 1 through 7, using additional sheets as necessary. Item 7 **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 amended Radioactive Materials or 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.

1. License No.: _____ 2. Amendment No. (of current license): _____ 3. Expiration Date: _____

4. Licensee name as it currently appears on the license: _____

5a. RADIATION SAFETY OFFICER (as listed on current license):
Name _____
Phone No. _____
e-mail addr. _____

5b. INDIVIDUAL TO BE CONTACTED ABOUT THIS APPLICATION (if other than the Radiation Safety Officer):
Name _____
Phone No. _____
e-mail addr. _____

6a. Description of Action(s) Requested (check all that apply)

- Licensee Name Change
- Change of Physical or Mailing Address(es)
- Change or Transfer of Ownership
- Radiation Safety Officer Change
- Add/Delete Authorized Users/Physicists/Pharmacists
- Add/Delete/Modify Procedures
- Corrections(s) to Existing License
- Temporarily Suspend Use (change to possession only)
- Decommissioning/Termination
- Add/Delete Radioactive Material*
- Add/Delete Accelerators (Receipt/Start-up testing only)
- Change Accelerator Status (from Receipt/Start-up Testing to Use)
- Modify Accelerator Output/Energy/Equipment/Vault
- Other _____

6b. Brief Explanation of Requested Action(s) – attach extra pages if needed: _____

**You may be subject to 10A NCAC 15 .1700 requirements if you possess the types and quantities of material shown in Appendix A to 10 CFR Part 37*

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)

7. 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

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Comments: _____