



RADIOACTIVE MATERIAL REGISTRATION APPLICATION

State Form 49771 (R5 / 7-15)

INDIANA DEPARTMENT OF HOMELAND SECURITY
RADIATION PROGRAMS
302 West Washington Street
Indianapolis, IN 46204

- INSTRUCTIONS:
1. Type or clearly print all information.
 2. Complete all sections. Missing information may delay processing.
 3. Send the completed form to the address above.
 4. If you have any questions, e-mail hazmat@dhs.in.gov.

REGISTRATION NUMBER
X N _ _ _ _ _

TYPE OF APPLICATION		
<input type="checkbox"/> New Registration	<input type="checkbox"/> Two (2) Year Renewal	<input type="checkbox"/> Amendment

REGISTRANT INFORMATION		
Name (Name of Company/Corporate)		Telephone number ()
Address (number and street, city, state, and ZIP code)		
Name of Radiation Safety Officer (RSO)	Title of RSO	Telephone number of RSO ()

Include a copy of the most recent amendment to your USNRC / Agreement State License.

USNRC/Agreement State License Number(s) (if any)

USE OF MATERIALS / SOURCES	
<i>If more than one facility / location of use, please complete an application for each.</i>	
Facility where materials / sources will be used (if different from location above)	Telephone number of facility ()
Address of facility (number and street, city, state, and ZIP code)	

List the names and titles of all individuals who will use or directly supervise the use of radioactive materials. If more space is needed, provide the list on a separate sheet.

AUTHORIZED / INDIVIDUAL USERS	
NAME	TITLE
1.	
2.	
3.	
4.	
5.	
6.	

Describe the purpose or use for the radioactive materials and the department(s) and/or process(es) where used:

REGISTRATION AGREEMENT	
<i>This agreement should be signed by a person who has legal responsibility for the radioactive materials at the facility (e.g. Owner, Hospital Administrator, Company President, Plant Manager, CEO, etc.).</i>	
I understand that failure to comply with IC 10-19-11 or 410 IAC 5 may result in revocation of my materials registration.	

Signature of responsible individual	Date Signed (month, day, year)
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Type or printed name of responsible individual	Title
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LIST OF SEALED SOURCES

List all sealed sources. Attach another sheet, if needed.

ELE- MENT	MASS NUMBER	MAXIMUM ACTIVITY (Check the appropriate units)										NAME OF MANUFACTURER	MODEL & SERIAL NUMBER	TYPE OF DEVICE (e.g. flood, calib., density, level, XRF, etc.)	NUMBER OF DEVICES	
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