



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

(RMB USE ONLY)

D

LN

R

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

FOR RPS USE ONLY

Comments: