

**IOWA DEPARTMENT OF PUBLIC HEALTH  
APPLICATION FOR RADIOACTIVE MATERIAL LICENSE**

INSTRUCTIONS: COMPLETE ALL ITEMS IF THIS IS AN INITIAL APPLICATION OR RENEWAL. USE SUPPLEMENTAL SHEETS WHERE NECESSARY. IDPH REGULATORY GUIDES FOR LICENSES CAN BE FOUND ON THE INTERNET AT <https://idph.iowa.gov/radioactivematerials/guides>. A LINK TO THE IDPH RADIATION MACHINES AND RADIOACTIVE MATERIALS RULES CAN BE FOUND AT THAT WEB SITE. TO ENSURE A COMPLETE AND ACCURATE APPLICATION, PLEASE USE THE APPROPRIATE REGULATORY GUIDE AS A REFERENCE WHILE COMPLETING THIS APPLICATION. MAIL THE APPLICATION TO:

IOWA DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF RADIOLOGICAL HEALTH  
LUCAS STATE OFFICE BUILDING, 5<sup>TH</sup> FLOOR  
321 EAST 12<sup>TH</sup> STREET  
DES MOINES, IOWA, 50319

UPON APPROVAL, THE APPLICANT WILL RECEIVE AN IOWA RADIOACTIVE MATERIALS LICENSE ISSUED IN ACCORDANCE WITH THE GENERAL REQUIREMENTS CONTAINED IN CHAPTER 136C OF THE IOWA ADMINISTRATIVE CODE.

<p>1.a. NAME AND ADDRESS OF APPLICANT (Institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE</p>	<p>1.b. STREET ADDRESS AT WHICH RADIOACTIVE MATERIAL WILL BE USED (If different from 1.a.) INCLUDE ZIP CODE</p>			
<p>2. PERSON TO CONTACT REGARDING THIS APPLICATION:</p> <p>Telephone No. Area Code (    ) _____</p> <p>Email address: _____</p>	<p>3. THIS IS AN APPLICATION FOR: (Check appropriate item)</p> <p>NEW LICENSE See fee schedule in IAC 641-38.8(2)</p> <p>AMENDMENT TO LICENSE NO. _____ \$600.00 amendment fee</p> <p>RENEWAL OF LICENSE NO. _____ No fee</p>			
<p>4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material.)</p> <p align="center">SEE ATTACHED INFORMATION</p>	<p>5. RADIATION SAFETY OFFICER (RSO)</p>			
<p>Attach documentation addressing each of the following items:</p> <p>6. RADIOACTIVE MATERIAL a. Element and mass number b. Chemical and/or physical form c. Maximum amount to be possessed at any one time</p> <p>7. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED</p> <p>8. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.</p> <p>9. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS</p> <p>10. FACILITIES AND EQUIPMENT</p> <p>11. RADIATION SAFETY PROGRAM</p> <p>12. WASTE MANAGEMENT</p>				
<table border="0" style="width:100%"> <tr> <td style="width:33%">13. LICENSING FEES (If applicable)</td> <td style="width:33%">FEE CATEGORY</td> <td style="width:33%">AMOUNT ENCLOSED</td> </tr> </table>		13. LICENSING FEES (If applicable)	FEE CATEGORY	AMOUNT ENCLOSED
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<p>14. CERTIFICATION. (Must be completed by applicant.) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION (INCLUDING ATTACHMENTS) ARE BINDING UPON THE APPLICANT.</p>				
<p>15. TYPED/PRINTED NAME</p> <p>TITLE</p>	<p>16. SIGNATURE - CERTIFYING OFFICER      DATE</p>			