



# GENERAL LICENSE REGISTRATION FORM – RMCP 664

INDIANA DEPARTMENT OF HOMELAND SECURITY  
RADIOACTIVE MATERIALS CONTROL PROGRAM  
302 West Washington Street, Room E208  
Indianapolis, IN 46204  
Telephone: (317) 232-2222  
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Website: [www.dhs.in.gov](http://www.dhs.in.gov)

## 1. REGISTRATION TYPE

|                                                                          |                                                                               |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Registration Number (to be assigned by agency if new registration)       | New Registration <input type="checkbox"/>                                     |
|                                                                          | Address Amendment <input type="checkbox"/>                                    |
|                                                                          | Material Amendment (addition or removal of a device) <input type="checkbox"/> |
| Do you currently hold an Indiana Specific Radioactive Materials License? | Yes <input type="checkbox"/> No <input type="checkbox"/>                      |
| License No.:                                                             |                                                                               |

## 2. REGISTRANT INFORMATION

|                          |      |         |                                                                                               |      |         |
|--------------------------|------|---------|-----------------------------------------------------------------------------------------------|------|---------|
| Company or Facility Name |      |         |                                                                                               |      |         |
| Mailing Address          |      |         | Facility Address (Facility address is the same as mailing address. <input type="checkbox"/> ) |      |         |
| Street:                  |      |         | Street:                                                                                       |      |         |
| City:                    |      |         | City:                                                                                         |      |         |
| State:                   | Zip: | County: | State:                                                                                        | Zip: | County: |

## 3. RESPONSIBLE INDIVIDUAL

|                |            |       |  |
|----------------|------------|-------|--|
| Name           |            | Title |  |
| Business Phone | Cell Phone | Fax   |  |

## 4. GENERALLY LICENSED DEVICE LISTING (copy and continue on additional pages as needed)

| Item | Device Manufacturer | Device Model | Device Serial No. | Source Model No. | Source Serial No. | Isotope | Activity (mCi) | Location Within Facility |
|------|---------------------|--------------|-------------------|------------------|-------------------|---------|----------------|--------------------------|
|      |                     |              |                   |                  |                   |         |                |                          |
|      |                     |              |                   |                  |                   |         |                |                          |
|      |                     |              |                   |                  |                   |         |                |                          |
|      |                     |              |                   |                  |                   |         |                |                          |
|      |                     |              |                   |                  |                   |         |                |                          |

## 5. CERTIFICATION (Must be completed by registrant)

If this is an initial registration, you must submit proof of payment before this registration will be processed. Payments can be made on the IDHS Radioactive Material Program Fee Collection portal. <https://in.accessgov.com/dhs/Forms/Page/dhs/idhs-radioactive-material-fee-collection/1>

I hereby certify that this registration is completed in conformity with 290 IAC 3 and the statements below:

1. I am aware of the regulations that apply to my generally licensed radioactive devices and will ensure that compliance is being maintained.
2. A physical inventory of the devices subject to registration has been completed.
3. I have reviewed the information on this form and certify that all information provided is true, accurate, and complete to the best of my knowledge and belief.

|                                         |            |       |
|-----------------------------------------|------------|-------|
| Responsible Individual (Name and Title) | Signature: | Date: |
|-----------------------------------------|------------|-------|