

GENERAL LICENSE REGISTRATION FORM

Registrant

Company Name: _____
 Registrant's Name: _____
 Title: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____

Appointed Person

Name: _____
 Title: _____
 Telephone Number: _____

Current Radioactive Material License (Specific License): RML #: _____ (if applicable)

The Generally Licensed Device requirements referenced below are contained in Title 17, California Code of Regulations.

For registrant possessing devices under section 30192.1(d)(1):

I _____
Print Name
 attest that I am aware of the requirements pursuant to section 30192.1(d)(1), to register any devices containing at least 10 millicuries (mCi) of cesium-137, 0.1 mCi of strontium-90, 1 mCi of cobalt-60, 0.1 mCi of radium-226, or 1 mCi of americium-241 or any other transuranic (i.e., an element with atomic number greater than uranium (92)), based on the activity indicated on the label, and that the information provided concerning the device or product has been verified through a physical inventory and checking of label information.

Appointed Person's Signature _____
Date

For registrant possessing depleted uranium:

I _____
Print Name
 have pursuant to section 30192.6(b)(3), developed, implemented, and will continue to maintain procedures designed to establish physical control over the depleted uranium described in section 30192.6(a), and designed also so as to prevent transfer of such depleted uranium in any form, including metal scrap, to persons not authorized to receive the depleted uranium.

Appointed Person's Signature _____
Date

Fees:

Total number of Fixed Devices Registering = _____
 Total number of Portable Devices Registering = _____
 Total Devices Registering = _____ x \$82.00 each = \$ _____

Please mail the non-refundable registration fee (in the form of a check or money order) payable to CDPH-RHB and this registration form to:

CDPH-RHB
 Attn: GLD Registration
 MS 7610, P.O. Box 997414
 Sacramento, CA 95899-7414

Informational changes or disposals of registered devices must be indicated on page 3 of this form.

Please check if no changes to registrant or appointed person's information, or registered devices.

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NEW GENERALLY LICENSED DEVICE INFORMATION

Check One	<input type="checkbox"/> Fixed Device <input type="checkbox"/> Portable Device	Date of Acquisition	
Name of Manufacturer		Model #	
Address of Stored Device		Serial #	
		Isotope	Activity
City	State	Name of Distributor	
Zip Code		Distributor's License #	

Check One	<input type="checkbox"/> Fixed Device <input type="checkbox"/> Portable Device	Date of Acquisition	
Name of Manufacturer		Model #	
Address of Stored Device		Serial #	
		Isotope	Activity
City	State	Name of Distributor	
Zip Code		Distributor's License #	

Check One	<input type="checkbox"/> Fixed Device <input type="checkbox"/> Portable Device	Date of Acquisition	
Name of Manufacturer		Model #	
Address of Stored Device		Serial #	
		Isotope	Activity
City	State	Name of Distributor	
Zip Code		Distributor's License #	

Check One	<input type="checkbox"/> Fixed Device <input type="checkbox"/> Portable Device	Date of Acquisition	
Name of Manufacturer		Model #	
Address of Stored Device		Serial #	
		Isotope	Activity
City	State	Name of Distributor	
Zip Code		Distributor's License #	

Check One	<input type="checkbox"/> Fixed Device <input type="checkbox"/> Portable Device	Date of Acquisition	
Name of Manufacturer		Model #	
Address of Stored Device		Serial #	
		Isotope	Activity
City	State	Name of Distributor	
Zip Code		Distributor's License #	

Check One	<input type="checkbox"/> Fixed Device <input type="checkbox"/> Portable Device	Date of Acquisition	
Name of Manufacturer		Model #	
Address of Stored Device		Serial #	
		Isotope	Activity
City	State	Name of Distributor	
Zip Code		Distributor's License #	

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CHANGES TO REGISTERED GENERALLY LICENSED DEVICE INFORMATION					
Check One	<input type="checkbox"/> Fixed Device <input type="checkbox"/> Portable Device	Reason for Change/ Date of Change	<input type="checkbox"/> Sale <input type="checkbox"/> Transfer <input type="checkbox"/> Disposal <input type="checkbox"/> Discontinuance		
Name of Manufacturer		Model #			
Address of Stored Device		Serial #			
		Isotope		Activity	
City		State	Name of Distributor		
Zip Code		Distributor's License #			
Check One	<input type="checkbox"/> Fixed Device <input type="checkbox"/> Portable Device	Reason for Change/ Date of Change	<input type="checkbox"/> Sale <input type="checkbox"/> Transfer <input type="checkbox"/> Disposal <input type="checkbox"/> Discontinuance		
Name of Manufacturer		Model #			
Address of Stored Device		Serial #			
		Isotope		Activity	
City		State	Name of Distributor		
Zip Code		Distributor's License #			
Check One	<input type="checkbox"/> Fixed Device <input type="checkbox"/> Portable Device	Reason for Change/ Date of Change	<input type="checkbox"/> Sale <input type="checkbox"/> Transfer <input type="checkbox"/> Disposal <input type="checkbox"/> Discontinuance		
Name of Manufacturer		Model #			
Address of Stored Device		Serial #			
		Isotope		Activity	
City		State	Name of Distributor		
Zip Code		Distributor's License #			
Check One	<input type="checkbox"/> Fixed Device <input type="checkbox"/> Portable Device	Reason for Change/ Date of Change	<input type="checkbox"/> Sale <input type="checkbox"/> Transfer <input type="checkbox"/> Disposal <input type="checkbox"/> Discontinuance		
Name of Manufacturer		Model #			
Address of Stored Device		Serial #			
		Isotope		Activity	
City		State	Name of Distributor		
Zip Code		Distributor's License #			
Check One	<input type="checkbox"/> Fixed Device <input type="checkbox"/> Portable Device	Reason for Change/ Date of Change	<input type="checkbox"/> Sale <input type="checkbox"/> Transfer <input type="checkbox"/> Disposal <input type="checkbox"/> Discontinuance		
Name of Manufacturer		Model #			
Address of Stored Device		Serial #			
		Isotope		Activity	
City		State	Name of Distributor		
Zip Code		Distributor's License #			