

# OFFICE OF RADIATION CONTROL ALABAMA DEPARTMENT OF PUBLIC HEALTH

## GENERAL LICENSE REGISTRATION FORM

Firm Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address (Location of the device) \_\_\_\_\_

Contact Person Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Type of Device (i.e. static eliminator, thickness gauge) \_\_\_\_\_

Manufacturer \_\_\_\_\_

Model Number \_\_\_\_\_ Number Received \_\_\_\_\_

Radioisotope \_\_\_\_\_ Activity \_\_\_\_\_

Serial Number(s) \_\_\_\_\_

Date Received \_\_\_\_\_ **NOTE:** Records of receipt, transfer, and disposition must be maintained by the registrant for inspection by the Agency until disposition is authorized by the Agency.

Will the device be tested for leakage? \_\_\_\_ Yes \_\_\_\_ No If yes, how often? \_\_\_\_ Months \_\_\_\_ Years  
**NOTE:** Records of leak tests must be maintained by the registrant for 5 years after the records are made.

The leak tests will be performed by \_\_\_\_\_

Please describe the method of disposal (i.e. returned to manufacturer).

Is the device received on a contract basis (i.e. where the device is returned to the manufacturer, and a new device received after a specified length of time.)? \_\_\_\_ Yes \_\_\_\_ No

If yes, what is the length of time the device is to be in your possession? \_\_\_\_ Years \_\_\_\_ Months

Signature \_\_\_\_\_ Date \_\_\_\_\_

Typed or Printed Name and Position \_\_\_\_\_

Please return completed form to:

Alabama Office of Radiation Control  
RSA Tower  
P.O. Box 303017  
Montgomery, AL 36130-3017

