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