

10 CFR 30, 32,  
33, 34, 35, 36,  
37, 39, and 40

## APPLICATION FOR RADIOACTIVE MATERIAL LICENSE (Medical Uses)

**INSTRUCTIONS: SEE THE CURRENT VOLUMES OF THE NUREG-1556 TECHNICAL REPORT SERIES ("CONSOLIDATED GUIDANCE ABOUT MATERIALS LICENSES") FOR DETAILED INSTRUCTIONS FOR COMPLETING THIS FORM: <http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/>. SEND ONE COPY OF THE COMPLETED APPLICATION TO THE MISSISSIPPI STATE DEPARTMENT OF HEALTH OFFICE SPECIFIED BELOW.**

SEND APPLICATION TO:

**MISSISSIPPI STATE DEPARTMENT OF HEALTH  
DIVISION OF RADIOLOGICAL HEALTH  
POST OFFICE BOX 1700  
JACKSON, MISSISSIPPI 39215-1700  
601-987-6893**

<p>1. THIS IS AN APPLICATION FOR <i>(Check appropriate item)</i></p> <p><input type="checkbox"/> A. NEW LICENSE</p> <p><input type="checkbox"/> B. AMENDMENT TO LICENSE NUMBER _____</p> <p><input type="checkbox"/> C. RENEWAL OF LICENSE NUMBER _____</p>	<p>2. NAME AND MAILING ADDRESS OF APPLICANT <i>(Include zip code)</i></p>
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<p>3. ADDRESS WHERE LICENSED MATERIALS WILL BE USED OR POSSESSED</p>	<p>4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION</p>	
	<p>BUSINESS TELEPHONE NUMBER</p>	<p>BUSINESS CELLULAR TELEPHONE NUMBER</p>
	<p>BUSINESS E-MAIL ADDRESS</p>	

**SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.**

<p>5. RADIOACTIVE MATERIAL</p> <p>a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.</p>	<p>6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.</p>
<p>8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.</p>	<p>7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.</p>
<p>10. RADIATION SAFETY PROGRAM.</p>	<p>9. FACILITIES AND EQUIPMENT.</p>
<p>12. LICENSE FEES <i>(Fees required only for new applications, with few exceptions*)</i> <i>(See Subchapter 1)</i></p>	<p>11. WASTE MANAGEMENT.</p>
<p>FEE CATEGORY</p>	<p>AMOUNT ENCLOSED \$</p>

\* Amendments/Renewals that increase the scope of the existing license to a new or higher fee category will require a fee.

13. CERTIFICATION. *(Must be completed by applicant)* THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

The applicant and any official executing this certificate on behalf of the applicant named in Item 2 certify that this application is prepared in conformity with Mississippi State Department of Health Regulations for Control of Radiation in Mississippi, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

<p>CERTIFYING OFFICER -- TYPED/PRINTED NAME AND TITLE</p>	<p>SIGNATURE</p>	<p>DATE</p>
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### FOR MSDH USE ONLY

TYPE OF FEE	FEE LOG	FEE CATEGORY	AMOUNT RECEIVED	CHECK NUMBER	COMMENTS
			\$		
APPROVED BY				DATE	

## **Instructions for 707 E, Application For Radioactive Material License (Medical Uses)**

### **Revision Date**

**7/2018**

### **Purpose**

To provide an application for possession and use of radioactive material within the state of Mississippi.

### **Instructions**

1. Check the corresponding box for a new license, amendment to license number, or renewal of a license and print the license number for an existing license.
2. Provide the name and mailing address of the applicant for the license.
3. Provide the address where licensed materials will be used or possessed.
4. Provide the name of the person to be contacted about the application. Also include a business telephone number, business cellular telephone number, and business e-mail address.
5. through 11. Submit Items 5 through 11 on 8 ½ X 11 paper. The type and scope of information to be provided is described in the license application guide. See the current volumes of the NUREG-1556 technical report series (“CONSOLIDATED GUIDANCE ABOUT MATERIALS LICENSES”) for detailed instructions for completing this form:  
<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/>
12. Provide the Fee Category and Fee amount enclosed with the application.
13. Provide the certification of signatory designee to include name, title, signature, and date.

### **Office Mechanics and Filing**

Application is to be filed in the license folder.

### **Retention Period**

Life of the license.