



Radioactive Material Licensing Radiation Section

RC Form 252-2 Application For a Radioactive Materials License

Complete this application in accordance with the applicable *NRC NUREG 1556* volume series available at <https://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/index.html>. Retain a copy of the entire completed application for your files.

1. License Action Type (check appropriate box):

New License Renewal of License Number _____

New License Only List the license number(s)/name(s) of any current or previous license:

2. Legal business name and mailing address of applicant/licensee (*Texas address only*)

3a. Address(es) of radioactive material use and/or storage

Use of radioactive material at temporary sites in Texas?

3b. Address where records will be maintained

4. Radiation Safety Officer	Office Number
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Emergency Number	Email address
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PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.texas.gov> for more information on Privacy Notification (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004).

**Submit detailed information for items 5 through 10 as separate attachments.
Refer to guidance documents for examples of type and scope of responses.**

5. Radioactive Material Requested

- a. Element and mass number
- b. Physical/chemical form
- c. Maximum activity
- d. Purpose(s) for which radioactive material will be used

6. Individual(s) Responsible for the Radiation Protection Program and Their Training and Experience

7. Training for Individuals Working in or Frequenting Restricted Areas

8. Facilities and Equipment

9. Radiation Protection Program

10. Waste Management/Waste Disposal

11. Financial Qualification and Financial Assurance –
Complete and submit RC Form 252-1 Business Information Form

12. CERTIFICATION

I certify that all information submitted is true and correct to the best of my knowledge.

Signature of Applicant Title

Typed/Printed Name _____ Date _____

**Send the NEW application with
applicable fee to:**

Department of State Health Services
Cash Receipts Branch – MC 2003
P.O. Box 149347
Austin, Texas 78714-9347

**Send AMENDMENT request or the
RENEWAL application to:**

RAMLicensing@dshs.texas.gov