



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
RADIOLOGICAL HEALTH SECTION  
APPLICATION FOR ANNUAL RENEWAL OF  
RADIOACTIVE MATERIAL LICENSE**

INSTRUCTIONS: Complete items 1 through 5. Mail the original to: NH DHHS Radiological Health Section, 29 Hazen Drive, Health and Welfare Building, Concord, New Hampshire 03301-6503. Upon approval of an application, a Radioactive Material License may be renewed pursuant to statutory and implementing regulatory authority and subject to all applicable rules and orders of all appropriate regulatory agencies now or hereafter in effect and to any conditions specified in the license.

<p>1a. NAME, ADDRESSES, TELEPHONE &amp; FAX NUMBERS OF APPLICANT <i>(Include Physical &amp; Mailing Addresses)</i></p>          <p>Tel. (    ) _____ - _____ Fax (    ) _____ - _____</p>	<p>1b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED <i>(if different from 1a)</i></p>          
<p>2. DEPARTMENT TO USE MATERIAL</p>          	<p>3. RADIOACTIVE MATERIAL LICENSE NUMBER</p>          

4. It is requested that Radioactive Material License No. \_\_\_\_\_ be amended to extend the expiration date to \_\_\_\_\_.

5. CERTIFICATE: I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED IN CONFORMITY WITH THE NEW HAMPSHIRE RULES FOR THE CONTROL OF RADIATION UNDER MY DIRECTION OR SUPERVISION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

\_\_\_\_\_  
Signature of Authorized Signatory

\_\_\_\_\_  
Name (type or print)

Date: \_\_\_\_\_

\_\_\_\_\_  
Title