



**REPORT OF PROPOSED ACTIVITIES IN THE
STATE OF CONNECTICUT**

(Please read the instructions before completing this form)

Part I: Licensee Applicant Information

- **If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database ([onlineBusinessSearch \(ct.gov\)](http://onlineBusinessSearch.ct.gov)).*
- *If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).*
- *If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form.*

DEEP RADIATION USE ONLY

☐ Reviewed Review Date: _____

☐ SIMS Client ID#: _____

FEE Category: 16 FEE Total: \$ _____

REV ID #: 2536

DEEP CPPU USE ONLY

App #: _____

Program: **Radioactive Materials**

1. **Type of Report:** ☐ Initial ☐ Change

2. **Licensee Applicant Name:**

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

a) Licensee Applicant Type (check one):

☐ individual ☐ *business entity (*If a business entity complete i through iii):

i) check type: ☐ corporation ☐ limited liability company ☐ limited partnership

☐ limited liability partnership ☐ statutory trust ☐ Other: _____

ii) provide Secretary of the State business ID #: _____ This information can be accessed at the Secretary of State's database [onlineBusinessSearch \(ct.gov\)](http://onlineBusinessSearch.ct.gov).)

iii) ☐ Check here if your business is **NOT** registered with the Secretary of State's office.

3. **Billing contact, if different than the licensee applicant.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

4. **Licensee primary contact for departmental inquiries about this report, if different than the applicant.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

5. Licensee Radiation Safety Officer (RSO).

Name:

Direct Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

24-Hour Emergency Phone:

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

Part II: Site Information**1. Site name and location where licensed radioactive material will be used or possessed:**

(List Additional Work Sites on Separate Sheet(s) to include all information below.)

Name of Site :

Street Address or Location Description:

City/Town:

State:

Zip Code:

If Location Description, provide latitude and longitude of the exact location of the proposed activity in degrees, minutes, and seconds or in decimal degrees: Latitude: Longitude:

Method of determination (check one):

☐ GPS ☐ USGS Map ☐ Other (please specify):

If a USGS Map was used, provide the quadrangle name:

Site EI Number (Assigned by DEEP):

Part III: Activities to be Conducted.**1. Activities to be conducted under the general license provision of RCSA 22a-153-150**☐ Well Logging☐ Leak Testing and/or Calibrations☐ Type of Service (Specify):☐ Portable Gauge☐ Radiography

Registered as user of packaging (provide Certificates of Compliance Numbers)

☐ Other (Specify):**2. Total usage days to date:****3. Client Information:**

Client Name:

Client Address:

Client City:

Client State:

Client Zip Code:

Client Telephone Number: Business Office:

Business Cell:

Work Location Telephone Number: Work Location Office:

Work Location Cell:

Dates Scheduled: From:

To:

Weekends: ☐ Yes ☐ No

Number of Work Days:

Add:

Delete:

Part IV: Radioactive Material License Details

1. Radioactive Material

List Radioactive Material, which will be possessed, used, installed, serviced, or tested. (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)

Model Number:

Device Type/Sealed Sources :

Description:

2. Radioactive Material License Information

NRC or Agreement State Specific License which authorizes the undersigned to conduct activities which are the same, except for location of use, as specified in item 10 above. (One copy of the specific license must accompany the initial DEEP Form 241.)

License Number:

State:

Expiration Date:

Part V: Fee Information

1. LICENSE FEE INFORMATION

DO NOT submit fee payment with application.

FEE CATEGORY

16

After the application is received and entered, pay instructions will be emailed to the Billing Contact listed.

The application will not be processed without the payment of total fee amount ([See 10 CFR 170.31](#)). Fees required only for new applications, with few exceptions ([See RCSA 22a-153-6](#)). The fee shall be non-refundable and shall be paid through the [E-Payment portal](#).

Total Amount:

\$

Part VI: Licensee Applicant Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless all required signatures are provided. An electronic signature is acceptable pursuant to CGS Section 1-272. By their signature, they certify that to the best of their knowledge and belief, the information contained in the application, including all attachments, is true, accurate and complete.

[If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.]

"I have read and understand the general license provision of Section RCSA 22a-153-150 and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in the state of Connecticut or offshore waters under the general license for which this report is filed with the state of Connecticut."

"I understand that activities, including storage, conducted in the state of Connecticut under the general license provision of RCSA 22a-153-150 are limited to a total of 180 days in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year."

"I understand that I may be inspected by the state of Connecticut at the above listed work site locations and at the Licensee home office address for activities performed in the state of Connecticut or offshore waters. I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without state of Connecticut authorization, may subject me to enforcement action, including civil or criminal penalties."

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief."

"I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with the provisions of section 22a-6, section 53a-157b and section 22a-158c of the Connecticut General Statutes, and in accordance with any other applicable statute."

"I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text."

"By entering my name below, I agree that I am providing my legal signature, and am legally bound by the certifications above."

Signature of Licensee Applicant

Date

Printed Name of Licensee Applicant

Title (if applicable)

Signature of Preparer (if different than above)

Date

Printed Name of Preparer

Title (if applicable)

☐

Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)

Note: Please submit this completed form and all supporting documents to:

RADIOACTIVE MATERIALS PROGRAM
RADIATION DIVISION
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

Please submit an executed electronic copy of this completed Application form to DEEP.LRMReg@ct.gov
DO NOT submit fee payment with application. After the application is received and entered, pay instructions will be emailed to the Billing Contact listed.

Affirmative Action, Equal Employment Opportunity and Americans with Disabilities

The Connecticut Department of Energy and Environmental Protection is an Affirmative Action/Equal Opportunity Employer that is committed to complying with the requirements of the Americans with Disabilities Act (ADA). Please contact us at (860) 418-5910 or deep.accommodations@ct.gov if you: have a disability and need a communication aid or service; have limited proficiency in English and may need information in another language; or if you wish to file an ADA or Title VI discrimination complaint.

For DEEP Use Only

Approved by (Typed/Printed Name and Title)

Signature

Date

Total Usage - Days to Date

STATE OF CONNECTICUT JURISDICTION OR OFFSHORE WATERS

PLEASE READ THIS INFORMATION AND THESE INSTRUCTIONS BEFORE COMPLETING DEEP FORM 241

Section RCSA 22a-153-150 of the Regulations of Connecticut State Agencies (RCSA) establishes a general license authorizing any person who holds a specific license from the U.S. Nuclear Regulatory Commission (NRC) or an "Agreement State" (a State with which the NRC has entered into an effective agreement under subsection 274b of the Atomic Energy Act of 1954) where the licensee maintains an office for directing the licensed activity and at which radiation safety records are normally maintained, to conduct the same activity in the state of Connecticut or in offshore waters if the specific license issued by the NRC or the Agreement State does not limit the authorized activity to specified locations or installations.

INSTRUCTIONS

Out of state licensees cannot perform work in the state of Connecticut without either (a) filing DEEP Form 241 for reciprocity in accordance with RCSA 22a-153-150 or (b) applying for a specific state of Connecticut license. An area of a state of Connecticut jurisdiction is an area which the state of Connecticut government exercises legal control without interference from the jurisdiction and administration of Federal and State law. For example: If the work is to be performed on property in the state of Connecticut, the licensee must first determine the jurisdictional status of the area where the licensee plans to work. If the jurisdictional status of the work site is unknown to the out of state licensee, the licensee should contact the state of Connecticut as to where the work is to be performed. A written statement concerning the jurisdictional status is not required in order to file for reciprocity; however, it is recommended that the out of state licensee obtain such a statement for the file for future reference and inspection purposes.

For out of state licensees seeking to conduct activities under reciprocity for the first time in a calendar year, submit this Form, one copy of the NRC or Agreement State specific license and the fee specified in RCSA 22a-153-170. The state of Connecticut must receive this filing and payment is made at least 3 days before the out of state licensee engages in activities permitted under the General License established by Section RCSA 22a-153-150.

In general, the preferred method of filing is through electronic mail of DEEP Form 241, a copy of the NRC or Agreement State license, and evidence that the appropriate fee requirements have been paid. This evidence can be a copy of the invoice fee paid notice. The out of state licensee should receive confirmation (by email, telephone, or U.S. mail) that the state of Connecticut has received the email. Alternatively, the out of state licensee may file the required information through the mail or other means as long as the state of Connecticut receives the information at least 3 days before the out of state licensee engages in the activity.

In completing DEEP Form 241, it is important that the information submitted on DEEP Form 241 be specific regarding the location and date of use as well as the activity requested. If it is not possible to provide complete information, such as addresses for the locations of work, the out of state licensee should contact the state of Connecticut to discuss proposed work activities. The out of state licensee is responsible for providing additional information as revisions or clarifications as soon as such information becomes available.

Part I – Licensee Applicant Information.

For out of state licensees seeking to conduct activities under reciprocity for the first time in a calendar year, submit this Form, one copy of the NRC or Agreement State specific license and the fee as specified in 10 CFR 170. The state of Connecticut must receive this filing at least 3 days before the out of state licensee engages in activities permitted under the General License established by Section RCSA 22a-153-150. The out of state licensee should check the "initial" box if this is the first submission of DEEP Form 241 for the year.

For modification such as the information submitted on the initial DEEP Form 241, such as additional work locations, changes to radioactive material, work activities, information that clarifies or deletes specific locations, or work sites, work site contacts, or adds or deletes dates of work, licensees should file by DEEP Form 241 or letter, so that state of Connecticut receives the filing at least 3 days prior to engage in such activity. Licensees should check the "change" box to indicate changes to the information provided on the initial DEEP Form 241. It is not necessary to resubmit the NRC or Agreement State license unless the license has been amended since the filing of the initial DEEP Form 241. No fee is required for changes. DEEP Form 241 may be used for submitting multiple work locations and clients for initial filings of DEEP Form 241, as well as for submitting changes to previous filings. Separate sheets maybe used provided it includes all of the requested information in Part II of DEEP Form 241.

Under the general license, reciprocity activities are authorized only as long as the out of state licensee holds a valid NRC or Agreement State radioactive material license. If the license expires during the year, an extension letter or a renewed license issued by the regulating agency must be submitted to state of Connecticut before performing any additional work under reciprocity.

STATE OF CONNECTICUT JURISDICTION, OR OFFSHORE WATERS
INSTRUCTIONS (Continued)

Part II – Site Information.

1. Out of state licensees should provide driving directions for locations of work without physical addresses or in remote locations. If known, licensees should include Global Positioning System (GPS) coordinates.

Part III - Activities to be conducted.

1. Out of state licensees should be advised that the documents containing sensitive information must be marked and protected in accordance with any applicable security requirements. This applies to information transmitted to and from the state of Connecticut as well as maintained for record keeping purposes.
3. Under the general license, reciprocity activities, including storage (usage), conducted in the state of Connecticut, are limited to a total of 180 days in any calendar year except for work conducted in off-shore waters, which is authorized for an unlimited period of time in a calendar year. The state of Connecticut tracks reciprocity usage on the basis of approved usage days. The state of Connecticut will not approve any activity under the general license which causes the total usage days to exceed 180 days, except for work conducted in off-shore waters. The state of Connecticut may note and notify the licensee that a filing proposes reciprocity activities which approach or would exceed the 180-day limit. It is important that out of state licensees track the days of use and clarify or delete dates of work when applicable. Item 13. should reference the proposed beginning and ending dates of work for each work location, and indicate if work will be performed on weekends, with the total number of days worked recorded in Item 14. Item 15. should be completed to show additional work dates different from those provided on the initial DEEP Form 241 and Item 16. should indicate dates when work was not performed, as initially requested, that need to be deleted from the total work days. The Location Reference Number in Item 17. is generated by the state of Connecticut for use in tracking reciprocity activities and is specific for each work location. The Location Reference Number should be referenced for any changes to work location information.

Part IV – Radioactive Material License Details.

1. Licensees should identify the specific make and model numbers of sealed sources and devices.

NOTE: Inspections by state of Connecticut of activities performed in the state of Connecticut, or offshore waters by Agreement State licensees operating under the general license in section RCSA 22a-153-150 will be conducted at the listed work site location(s). Failure to file a DEEP Form 241 may result in the issuance of a notice of violation, the proposed imposition of a civil penalty, or an order suspending, modifying, or revoking the license as specified in the "General Statement of Policy and Procedures for state of Connecticut Enforcement Actions."

NRC or Agreement State licensees seeking to conduct activities under Reciprocity should file this Form, one copy of the NRC or Agreement State license, and the appropriate fee paid with the state of Connecticut listed below:

DO NOT submit fee payment with application.

After the application is received and entered, pay instructions will be emailed to the Billing Contact listed.

SEND APPLICATION TO:

ATTN: Radioactive Materials Program

Division of Radiation

Connecticut Department of Energy and Environmental Protection

79 Elm Street

Hartford, CT 06106

Telephone Number: (860)424-3029 Option #3

Email: DEEP.LRMREG@CT.GOV