



DEEP FORM 313

A current copy of this form can be found
here: [Radiation \(ct.gov\)](https://www.ct.gov/deep/radiation).



**APPLICATION FOR RADIOACTIVE
MATERIALS LICENSE**

Please complete this form in accordance with CGS section 22a-148, RCSA sections 22a-153-1 to 22a-153-150, inclusive. See the current volumes of the NUREG-1556 Technical Report Series ("Consolidated Guidance About Materials Licenses") for guidance. A copy of this guidance can be found here: [NRC.gov](https://www.nrc.gov). Print or type unless otherwise noted. **Double-sided printing is preferred.**

Part I: Application Type

Check the appropriate box identifying the application type.

<p>This application is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> license</p> <p><input type="checkbox"/> A modification to an existing license</p> <p><input type="checkbox"/> A <i>renewal</i> of an existing license number</p>	<p>For modification or renewals:</p> <p>Radioactive Materials License #:</p>
<p>Modifications to existing license (check all that apply):</p> <p><input type="checkbox"/> amendment <input type="checkbox"/> disposed of/transfer of radioactive material</p> <p><input type="checkbox"/> termination of license <input type="checkbox"/> other (please specify):</p>	

Part II: Fee Information

1. LICENSE FEE INFORMATION		
<p>DO NOT submit fee payment with application.</p> <p><i>After the application is received and entered, pay instructions will be emailed to the Billing Contact listed.</i></p> <p><i>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.</i></p>	FEE CATEGORY	
	Total Amount:	\$

Part III: 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 \(ct.gov\)](https://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. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Innovative Partnerships and Planning (OPPD) at DEEP.OPPD@ct.gov . For any other changes you must contact the specific program from which you hold a current DEEP license.*

1. Applicant Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

*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.

a) Applicant Type (check one):

☐ individual

☐ state agency

☐ municipality

☐ tribal

☐ *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 \(ct.gov\)](https://onlinebusinesssearch.ct.gov).)

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

2. Billing contact, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

*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 III: Applicant Information (continued)

3. Primary contact for departmental correspondence and inquiries about this application, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

4. List the Radiation Safety Officer (RSO).

Name:

Direct Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

24-Hour Emergency Phone:

*By providing these 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 IV: Site Information

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

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:

PART V: Radioactive Material License Details

The type and scope of information to be provided is described NUREG-1556 Technical Report Series (“Consolidated Guidance About Materials Licenses”) for guidance. A copy of this guidance and a copy of this form can be found here: [Radiation \(ct.gov\)](https://www.ct.gov/radiation).

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PART V: Radioactive Material License Details (continued)

The type and scope of information to be provided is described in NUREG-1556 Technical Report Series ("Consolidated Guidance About Materials Licenses"). A copy of this guidance and a copy of this form can be found here: [Radiation \(ct.gov\)](https://www.ecfr.gov/current/title-10/chapter-II/subchapter-A/part-35/subpart-B/section-35.25).

☐ Check here if additional sheets are necessary, label and attach them to this application.

1. Purpose(s) for which licensed material will be used (See Item 6 in Section 8 of the NUREG 1556 series.):
2. Individual(s) responsible for radiation safety program and their training and experience (See Item 7 in Section 8 of the NUREG 1556 series.):
3. Training for individuals working in or frequenting restricted areas (See Item 8 in Section 8 of the NUREG 1556 series.):
4. Facilities and equipment (See Item 9 in Section 8 of the NUREG 1556 series.):
5. Radiation Safety Program (See Item 10 in Section 8 of the NUREG 1556 series.):
6. Waste Management (See Item 11 in Section 8 of the NUREG 1556 series.):
7. Termination of Activities (See Item 11 in Section 8 of the NUREG 1556 series.):

Part VI: Supporting Documents

Check the applicable box below for any supporting documents being submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Purpose(s) for which licensed material will be used, etc.) and be sure to include the applicant's name as indicated on this application form.

- ☐ 1. Purpose(s) for which licensed material will be used.
- ☐ 2. Individual(s) responsible for radiation safety program and their training and experience.
- ☐ 3. Training for individuals working in or frequenting restricted areas.
- ☐ 4. Facilities and equipment.
- ☐ 5. Radiation Safety Program.
- ☐ 6. Waste Management.
- ☐ 7. Termination of Activities.
- ☐ All completed documentation using the Form 313A series for training and experience of individuals the applicant or licensee wishes to have listed on a medical use license subject to 10 CFR 35.
- ☐ A completed NUREG 1556 Program Specific Suggested Format for Providing Information Requested checklist.

Part VIII: 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 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 Applicant

Date

Printed Name of 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 Application 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.