



**APPLICATION FOR TENORM TRANSPORTER RADIOACTIVE MATERIAL LICENSE**  
**NORTH DAKOTA DEPARTMENT OF HEALTH**  
**RADIATION CONTROL PROGRAM**  
 SFN 60265(03/2018)

INSTRUCTIONS: TECHNICALLY ENHANCED NORMALLY OCCURRING RADIOACTIVE MATERIAL (TENORM) USAGE ONLY. EMAIL A COPY OF THE COMPLETED APPLICATION TO [RAM@ND.GOV](mailto:RAM@ND.GOV)

1. <input type="checkbox"/> A. New License <input type="checkbox"/> B. Amendment to License Number _____ <input type="checkbox"/> C. Renewal of License Number _____		2. Name and Mailing Address of Applicant (include ZIP Code)
3. Name of Person to be Contacted about this Application		
Business Telephone Number	Business Cell Phone Number	
Business Email Address		

**SUBMIT DOCUMENTATION FOR ITEMS 4 THROUGH 7. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN SECTION 8 OF LICENSE APPLICATION GUIDE NUREG-1556, VOLUME 18.**

4. Radioactive Material a. Element and mass number (e.g. TENORM); b. Chemical and/or physical form (e.g. filter socks)		
5. Purpose(s) for which Licensed Material will be Used (e.g. pickup for disposal only).		
6. Individual(s) Responsible for Radiation Safety Training Program.		
7. Radiation Safety Training Program		
8. License Fee (See North Dakota Radiological Health Rule 33-10-11)		
Fee Category	Amount Enclosed	
9. Obtain a "Certificate Of Authority" from the North Dakota Secretary of State to operate in North Dakota. Call (800) 352-0867 Ext. 4284 for more information.		
10. Obtain a "Permit for Transporting Solid Waste" from the North Dakota Department of Health, Division of Waste Management. Call (701) 328-5166 for more information.		
11. 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 certification on behalf of the applicant, named in item 2, certify that this application is prepared in conformity with Radiation Health Chapters 33-10-3.1, -4.2, -11, -13.1 and that all information contained herein is true and correct to the best of their knowledge and belief.		
Certifying Officer – Typed/Printed Name and Title	Signature	Date

A hard copy of this form shall be signed, dated and submitted to the Department along with the appropriate license fee. Payment shall be in the form of a check or money order payable to the North Dakota Department of Health. Send to:

North Dakota Department of Health  
 Division of Air Quality, 2<sup>nd</sup> Floor  
 918 East Divide Ave.  
 Bismarck, ND 58501-1947  
 Phone: 701-328-5188  
 Fax: 701-328-5185

FOR DEPARTMENT USE ONLY				
TYPE OF FEE	FEE CATEGORY	AMOUNT RECEIVED \$	Check Number	Comments
			Date	