

GENERAL LICENSE REGISTRATION PROGRAM

Note that under Act 1119 of 2003, the attached General License Registration Form must be completed, signed, and returned to the Department within 30 days from the date of the Department's letter.

Mail the completed form to: Arkansas Department of Health
Radiation Control, General License Program
4815 West Markham, Slot 30
Little Rock, AR 72205-3867

PLEASE SUBMIT THE APPROPRIATE REGISTRATION FEE WITH THE REGISTRATION FORM. NOTE THAT THE FEE IS CHARGED PER FACILITY AND IS NOT BASED ON THE NUMBER OF DEVICES POSSESSED. YOU MAY PAY YOUR FEE BY CHECK OR MONEY ORDER, MADE OUT TO: ARKANSAS DEPARTMENT OF HEALTH.

Fees for General licensed devices:

Reciprocity.....	\$720.00
Certain measuring, gauging, and controlling devices.....	\$720.00
Generally licensed gas chromatographs.....	\$720.00
Static eliminator devices.....	\$125.00
Source material devices.....	\$500.00
Public Safety Device.....	\$25.00
Devices containing depleted uranium.....	\$500.00
All other general licensed device registrations.....	\$300.00 *

*other than those specified above, and excluding reciprocity.

FOLLOWING INITIAL REGISTRATION, AN ANNUAL FEE WILL BE BILLED EACH NOVEMBER FOR THE UPCOMING YEAR.

Questions regarding the General License Registration Program may be directed to the address above, by fax to 501-661-2849, or by telephone to 501-661-2173.

**INSTRUCTIONS FOR COMPLETING ADH FORM 664
"GENERAL LICENSE REGISTRATION"**

READ ALL OF THE INSTRUCTIONS PRIOR TO COMPLETING THIS FORM.

Review all six sections of this registration form. If you have more devices than space provided in the form, **copy the form before starting, as needed.** Use black ink and print using **CAPITAL LETTERS.** Start information in the first box provided. If the information contains a number, which contains a dash (-) or a decimal point (.), include the dash or decimal point as an individual character. Use the "Ø" character to represent the number 0 (zero). Verify information about the devices by reviewing the label on the outside of the device. **For safety reasons, DO NOT TRY TO TAKE APART any device to verify this information.** If you are uncertain how to identify the device's label, contact the device's manufacturer or an authorized service agent for this information.

Note to specific licensees: If you believe you possess general licensed device(s) under your specific license, then verify the device label does not state the device is subject to a general license. If the labels indicate the device is subject to a general license, then complete the registration form as instructed below and indicate the name and license number of the specific license that they are possessed under. **If you possess a specific Arkansas Radioactive Material License do not submit a registration fee with the registration.**

Section 1 - General Licensee Information. Provide the requested information about you, the general licensee.

On Page 1, provide the street address/location where your device(s) are used. For portable devices, provide the storage location. P. O. Box addresses are not allowed. Do not write in the box marked **For ADH Use Only.**

On Page 2, provide the name, telephone number, and title of the individual responsible for your device(s) and a mailing address where correspondence about your device(s) can be sent. The mailing address should be specific to the physical location where the devices are used and/or stored. (P.O. boxes may be used if this is the only available mailing address.) The individual indicated in this section as responsible for your device(s) must also verify and sign the form in Section 5.

Section 2 - Devices Subject to Registration Received from the Manufacturer or Distributor. In this section list each device subject to registration and in your possession that was received from the manufacturer or distributor.

Section 3 - Devices Subject to Registration Received from another General Licensee or other Source. In this section list each device subject to registration and in your possession that was received from another General Licensee or from another source.

Section 4 - Devices Subject to Registration that you have transferred. In Section 4, list information for devices that were subject to the General License Registration requirements that have been transferred to the Manufacturer or Distributor, to another General Licensee, or other facility.

Section 5 - Certification and Signature. The responsible individual must certify, sign, and date Section 5. Check the appropriate box indicating which format you wish to receive the ASBH Rules and Regulations for Control of Sources of Ionizing Radiation.

Part 3. Enter information about the device transferred.

Manufacturer Name:

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Device Model:

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Device Serial Number:

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Isotope:

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Transfer Date: MM DD YYYY

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Activity:

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Unit (uCi, mCi):

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SECTION 5 - CERTIFICATION

I hereby certify that:

- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed, and the device information on this form has been checked against the device labeling.
- C. I am aware of the requirements of the general license, provided in RH-402.
Copies of applicable regulations may be viewed at the ADH web site at:
<http://www.healthy.arkansas.gov/aboutADH/RulesRegs/IonizingRadiation.pdf>

SIGNATURE - RESPONSIBLE INDIVIDUAL
(Listed in Section 1)

DATE

WARNING: FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. RH-1511. OF THE REGULATIONS REQUIRES THAT SUBMISSIONS TO THE DEPARTMENT BE COMPLETE AND ACCURATE IN ALL MATERIAL ASPECTS. ANY PERSON WHO VIOLATES RH-1511.a.1. OR a.2. MAY BE SUBJECT TO ENFORCEMENT ACTIONS IN ACCORDANCE WITH RH-2110.