



**REGISTRATION OF GENERALLY LICENSED DEVICES**

GL - \_\_\_\_\_  
(to be assigned by ADH)

RH-402.a. of the ASBH Rules and Regulations for Control of Sources of Ionizing Radiation establishes a general license authorizing the use of devices designed and manufactured for the purpose of detecting, measuring, gauging or controlling thickness, density, level, interface location, radiation, leakage, or qualitative or quantitative chemical composition, or for producing light or an ionized atmosphere.

RH-402.c.13. requires registration of devices containing at least one of the radionuclides listed in the table below, based on the activity indicated on the device label.

**CRITERIA FOR REGISTRATION**

<b>Radionuclide</b>	<b>Activity greater than or equal to</b>
Strontium-90, Radium-226	0.1 millicurie (3.7 megabecquerel)
Cobalt-60, Nickel-63, Americium-241, Curium-244, Californium-252, other transuranics [i.e., element with atomic number greater than uranium (92)]	1 millicurie (37 megabecquerel)
Cesium-137	10 millicurie (370 megabecquerel)

Submit RC Form 510 to the following address within 30 days or as otherwise indicated. Initial registrations should be submitted within 30 days of receipt of the device.

**Arkansas Department of Health, Radiation Control Section, General License Registration Program, 4815 West Markham, Slot 30, Little Rock, Arkansas, 72205-3867.**

Please submit the appropriate **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 the Arkansas Department of Health.

Following initial registration, an annual fee will be billed each November for the upcoming year. Annual fees can also be paid online at [www.healthy.arkansas.gov](http://www.healthy.arkansas.gov).

**FEEES**

Certain detecting, measuring, gauging, or controlling devices and certain devices for producing light or an ionized atmosphere	\$720
Generally licensed gas chromatographs	\$720
Reciprocity	Same fee, 180 days per calendar year

**For questions, please call the General License Registration Program at (501) 661-2173.**

## **INSTRUCTIONS FOR COMPLETING RC FORM 510**

### **READ ALL OF THE INSTRUCTIONS PRIOR TO COMPLETING THIS FORM.**

Review all five 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 with 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 stored/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 stored/used. (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.** 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.** 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.** List information for devices that were subject to the General License Registration requirements that have been transferred. Transfers must be conducted in accordance with RH-402.c.8. and c.9.

**Section 5 - Certification and Signature.** The responsible individual must sign and date the certification.

## REGISTRATION OF GENERALLY LICENSED DEVICES

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

### SECTION 1 - GENERAL LICENSEE INFORMATION

Enter the company name and street address for the physical location of storage/use of the device(s). For portable devices, specify the primary storage location.  
**Do not use P. O. Boxes.**

Company Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Department:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 1:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address Line 2:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

--	--

Zip:

						-			
--	--	--	--	--	--	---	--	--	--

County:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

<b>DO NOT WRITE IN THIS SPACE – For ADH Use Only</b>	
Registration Received _____	Registration Processed _____
Customer No. _____	Registration No. _____
Registration Type _____	Certification Statement _____
Contact Person _____	
Telephone _____	



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

**SECTION 2 - DEVICES SUBJECT TO REGISTRATION**

**Our records indicate that you are in possession of device(s) that are subject to registration. Please complete the following information by listing all devices that have been received from the MANUFACTURER or DISTRIBUTOR that are subject to General License Registration.**

Manufacturer Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Manufacturer License Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Model: (NOT the source model)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Serial Number: (NOT the source serial number)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Isotope:	Receipt Date: MM	DD	YYYY (if known)													
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<table border="1"><tr><td> </td><td> </td></tr></table>			<table border="1"><tr><td> </td><td> </td></tr></table>			<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				

Activity:	Unit (uCi, mCi):															
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							

Manufacturer Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Manufacturer License Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Model:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Serial Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Isotope:	Receipt Date: MM	DD	YYYY (if known)													
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<table border="1"><tr><td> </td><td> </td></tr></table>			<table border="1"><tr><td> </td><td> </td></tr></table>			<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				

Activity:	Unit (uCi, mCi):															
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							

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

**SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION**

Provide information about other devices you have that are subject to registration. Please indicate if these were received from another General Licensee or from another Source:

Transferor's Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Manufacturer Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Model:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Serial Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Isotope:

--	--	--	--	--

Receipt Date: MM

--	--

DD

--	--

YYYY (if known)

--	--	--	--

Activity:

--	--	--	--	--	--	--	--	--	--

Unit (uCi, mCi):

--	--	--	--	--	--	--	--

Received from another General Licensee? \_\_\_\_ Yes \_\_\_\_ No

Received from another Source? \_\_\_\_ Yes \_\_\_\_ No

---

Transferor's Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Manufacturer Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Model:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Serial Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Isotope:

--	--	--	--	--

Receipt Date: MM

--	--

DD

--	--

YYYY (if known)

--	--	--	--

Activity:

--	--	--	--	--	--	--	--	--	--

Unit (uCi, mCi):

--	--	--	--	--	--	--	--

Received from another General Licensee? \_\_\_\_ Yes \_\_\_\_ No

Received from another Source? \_\_\_\_ Yes \_\_\_\_ No



**Part 3. Enter information about the device transferred.**

Manufacturer Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Model:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Device Serial Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Isotope:

--	--	--	--	--

Transfer Date: MM

--	--

DD

--	--

YYYY

--	--	--	--

Activity:

--	--	--	--	--	--	--	--	--	--

Unit (uCi, mCi):

--	--	--	--	--	--

Transfers must be conducted in accordance with RH-402.c.8. and c.9. The General License Registration Program must be notified within 30 days after the transfer of ANY RH-402.a. device, regardless of whether registration is required for the particular device.



**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.a. Copies of applicable regulations may be viewed at the Arkansas Department of Health web site at [www.healthy.arkansas.gov](http://www.healthy.arkansas.gov).

\_\_\_\_\_  
SIGNATURE - RESPONSIBLE INDIVIDUAL  
(Listed in Section 1)

\_\_\_\_\_  
DATE

**WARNING:** FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. RH-106. REQUIRES THAT SUBMISSIONS TO THE DEPARTMENT BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECTS. ANY PERSON WHO VIOLATES RH-107.a.1. OR a.2. MAY BE SUBJECT TO ENFORCEMENT ACTION IN ACCORDANCE WITH RH-700.