



**RADIOACTIVE MATERIALS UNIT**  
**PO BOX 64975**  
**ST. PAUL, MN 55164-0975**  
**651-201-4400**

Instructions: Complete all items of this application. Submit an original application for each use/storage location to: Minnesota Department of Health, Radioactive Materials Unit. Retain a copy for your records. This registration is required for possession of a generally license device containing radioactive material in 4731.3215, subpart 3a.

1. Type of application:

- New Registration
- Renewal of Registration No. \_\_\_\_\_
- Amendment of Registration No. \_\_\_\_\_  
 (Specify change. Attach additional sheets if necessary.)

2. Name and mailing address of applicant:

3. Person to contact regarding application:

4. Contact person's phone number:

5. Address where radioactive material will be located:

- Used
- Used and Stored
- Storage Only

6. Type of device manufacturer

7. Model no.

8. Serial no.

9. Isotope

10. Activity

- MBq
- mCi

**CERTIFICATION** (To be completed by an individual authorized to make binding commitments on behalf of the applicant.)

I HEREBY CERTIFY THAT THIS APPLICATION WAS PREPARED IN CONFORMANCE WITH CHAPTER 4731 AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature:

Date:

Name (Print or type):

Title: