IOWA | Health and Human Services
Public Health

Application for Radioactive Materials General License Registration

INSTRUCTIONS: Complete all items if this is an Initial Application. Use supplemental sheets where necessary. A link https://hhs.iowa.gov/public-health/radiological-health to the HHS Radiation Machines and Radioactive Materials rules can be found at that web site. To ensure a complete and accurate application, please use the appropriate regulatory guide as a reference while completing this application.

Application can be e-mailed to iowaram@hhs.iowa.gov. Payment can be made by credit card on the regulatory portal at https://amanda-portal.idph.state.ia.us/adpereh/portal/#/dashboards/index following email submission and Agency processing. Otherwise, check payment and, if applicable, paper application can be mailed to:

Iowa Department of Health & Human Services, Bureau of Radiological Health, Lucas State Office Building, 5th floor, 321 East 12th street, Des Moines, IA, 50319

Upon approval, the applicant will receive an Iowa Reciprocity Recognition of your Radioactive Materials License issued in accordance with the general requirements contained in chapter 136C of the Iowa administrative code.

Need Assistance? Email iowaram@hhs.iowa.gov or call the Agency at numbers listed at https://hhs.iowa.gov/public-health/radiological-health/radioactive-materials-program.

FACILITY INFORMATION: PLEASE PRINT OR TYPE.

Facility Name: * _____

Street Address: * _____

City: * _____ State: * _____ Zip: * _____

Phone Number 1: * _____ Phone Number 2: _____

Email: * _____ EIN: * _____

AFFIRMATION QUESTIONS:

Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you or the organization? * ☐ Yes ☐ No

If yes, include the date, location, reason, and resolution. *

_____

Have there ever been judgments or settlements paid on your behalf or on the organization's behalf as a result of a professional liability case? * ☐ Yes ☐ No

If yes, include the date, location, reason, and resolution. *

_____

Have you or the organization ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? *
If yes, provide a description of the circumstances. *

☐ Yes ☐ No

_____

CONTACT INFORMATION

First Name: * _____ Last Name: * _____

Phone Number: * _____ Email: * _____

License Number: _____ Business Name:* _____

Street Address: * _____

City: * _____ State: * _____ Zip Code: * _____

Comments: _____

***DEVICE DATA**: List each type of device separately. (Use additional pages if necessary.)

Manufacturer Name:	
Model Number of the device	
Serial Number of the device	
Isotope	
Activity	
Purpose of the device	

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I am authorized to complete this application on behalf of the organization.

As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.

In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application.

I understand this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this license, permit, registration, or certification and will make employees aware as required and will comply with those provisions

Typed/Printed Name	Signature Certifying Officer
Title	Date