

Illinois Emergency Management Agency  
 Bureau of Radiation Safety  
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IL 473-342 (05/09) This state agency is requesting information that is necessary to establish compliance with the Radiation Protection Act of 1990 (420 ILCS 40/1-40/45). Failure to provide requested information may result in further administrative or compliance action.  
[www.illinois.gov/iema/NRS/RadSafety/Pages/Licensees.aspx](http://www.illinois.gov/iema/NRS/RadSafety/Pages/Licensees.aspx)

**GENERAL LICENSE REGISTRATION FORM**  
 (Generally Licensed Radioactive Devices)

REGISTRATION NUMBER: \_\_\_\_\_  
 (To be assigned by the agency if new.)

NEW REGISTRATION \_\_\_\_\_  
 ADDRESS AMENDMENT \_\_\_\_\_  
 MATERIAL AMENDMENT \_\_\_\_\_  
 SELF-INSPECTION \_\_\_\_\_

The following information is provided in accordance with 32 Ill. Adm. Code 330.220(b) regarding generally licensed radioactive material.

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

RESPONSIBLE INDIVIDUAL: \_\_\_\_\_  
 (print/type)

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CEO/PLANT MANAGER NAME: \_\_\_\_\_  
 (print/type)

LOCATION OF INSTALLATION: \_\_\_\_\_  
 (if different from above) \_\_\_\_\_

COUNTY: \_\_\_\_\_

MANUFACTURER/ DISTRIBUTOR	Calendar Quarter Received	Isotope/ Radionuclide	Activity (e.g., 10 mCi)	Model Number	Serial Number	Location within facility

(If more space is needed, please provide the above information on an additional sheet.)

I hereby certify that I have:

1. Read the summary of the regulations that apply to my generally licensed radioactive devices and ensured that compliance is being maintained.
2. Caused a physical inventory to be made of the generally licensed radioactive devices at my radiation installation.
3. Reviewed the information on this form and made corrections and provided missing information where necessary.

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT OR TYPE NAME

\_\_\_\_\_  
 SIGNATURE