State of Hawaii - Department of Health
Indoor and Radiological Health Branch

REQUEST FOR AMENDMENT
RADIATION FACILITY / SERVICES LICENSE

Part I. Facility / Service License Number	

Part II. Facility / Service Name and Address ☐ D.B.A. ☐ Owner / Lessee / User

Name of Facility			Telephone
Street Address			Persons Responsible for Radiation Safety
City	State	Zipcode	Medical Physicist / Health Physicist
Mailing Address			Facility Compliance Contact
City	State	Zipcode	Facility Inspection Contact

Part III. Radiation Producing equipment **(attach additional sheets as needed)** ☐ No Radiation Producing Equipment

ADD/ DELETE	Manufacturer	Control Model No.	Control Serial No.	Manufacture Date	Room	Purpose or Use

Part IV. Other **(Changes that are not listed on this sheet)**

I declare that all the information appearing on this license amendment request is accurate and true to the best of my knowledge.

X _____
Signature of facility owner/lessee/user/authorized agent

Date _____

FOR OFFICE USE ONLY

Date Received: _____

Amendment: **Approved / Disapproved**

Date _____

License Expires: _____

FAX or Return this application to:

Indoor and Radiological Health Branch
591 Ala Moana Boulevard
Honolulu, Hawaii 96813-4921
FAX: (808) 586-5838

If you have any questions, please call our office at (808) 586-4700.

Form IRHB-RAD102.2 01/12