



State of Hawaii - Department of Health
 Indoor and Radiological Health Branch
REQUEST FOR AMENDMENT
RADIATION FACILITY / SERVICES LICENSE

Part I. Facility / Service License Number	
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Part II. Facility / Service Name and Address		<input type="checkbox"/> D.B.A.	<input type="checkbox"/> 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)							<input type="checkbox"/> 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: _____