



**State of Hawaii
Department of Health**

APPLICATION FOR RADIATION SERVICE LICENSE

License is required by Title 11, Administrative Rules, Department of Health, Chapter 45, Radiation Control.

Part I. Doing-Business-As (DBA)			Part II. Business Information (i.e. Inc., LLC)		
Name of Company:			Name of Company:		
Street Address:			Street Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Mailing Address:			Mailing Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone:	Fax (Optional):		Phone:	Fax (Optional):	
E-Mail Address (Optional):			E-Mail Address (Optional):		

Part III. Responsible Personnel (attach additional sheets as needed)	
Facility Compliance Contact (Required):	Facility Inspection Contact:
Person Responsible for Radiation Safety (Required):	Other:

Part IV. Health/Medical Physicist - Additional Information (attach additional sheets as needed)		
Name(s) of Qualified Health/Medical Physicist(s)	Certified By Which of the Following: ABHP, ABR, ABMP, ABSNM, CCPM	Certified in: Therapeutic, Diagnostic, Nuclear Medicine, Health Physics

***Please submit copies of board certifications and current curriculum vitae for all qualified health/medical physicists listed on the application.**

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Part V. Radiation Service License Fee Schedule

Indicate all categories for which a license is requested:

Sales and Leasing

Health Physics Services

Installation and Servicing

Medical Physics Services

RADIATION SERVICE LICENSE FEE: \$ 30.00
**** For services with multiple categories, the license fee is only \$30.00.*

I declare that all the information appearing on this application is accurate and true to the best of my knowledge.
X _____
Signature of facility owner / lessee / user / authorized agent Print Name/Position

Date

Please make checks payable to: **STATE DEPARTMENT OF HEALTH**
Return this application with the appropriate attachments to: Indoor and Rad Health Branch
99-945 Halawa Valley Street
Aiea, HI 96701
**All fees are non-refundable. There will be a service fee of \$25.00 for any check dishonored by the bank.
If you have any questions call our office at (808) 586-4700.**

FOR OFFICE USE ONLY:
Date Received: Fee Paid \$ Receipt Number:
License(s) Number(s):
Sales/Leasing Health Physics
Install/Servicing Medical Physics
APPLICATION: APPROVED / DISAPPROVED **LICENSE EXPIRES:**
REVIEWED BY: DATE:
Form IRHB-RAD100B.3 06/16