

RADIOACTIVE MATERIALS LICENSE QUESTIONNAIRE FOR RENEWAL APPLICATIONS

Return COMPLETE Information to:

Alliance Medical Physics LLC
2500 Abbey Court
Alpharetta, GA 30004
Fax: 770.753.4305

Please note that all items listed MUST be included for preparation of license.

1. Facility Name: _____
2. Facility Address: _____

3. Facility Mailing Address: _____

4. List of Additional Facilities (Names & Addresses):
 Attached N/A
5. Name of Certifying Official & Title (i.e. CEO, Admin, Owner, etc.): _____

6. Copy of Current State Issued License (including ALL amendments):
 Attached
7. Name of Radiation Safety Officer: _____
8. Dosimetry Vendor & Frequency of Exchange (i.e., Landauer, Monthly): _____

9. Facility Diagram that includes layout of ALL areas where radioactive materials are used, prepared, administered, and/or stored:
 Attached

