MARYLAND DEPARTMENT OF THE ENVIRONMENT
1800 Washington Boulevard • Baltimore Maryland 21230
(410) 537-3000 • 1-800-633-6101 • http://www.mde.state.md.us

APPLICATION FOR LICENSE TO INSPECT RADIATION MACHINES

1. **APPLICANT INFORMATION** Name: _____

Name of Applicant's Business: _____

Applicant's Employer (if not self employed): _____

Applicant's Mailing Address: _____

City: _____ County: _____State: _____ ZIP: _____

Phone: ( ) _____ Fax: ( ) _____ Federal Tax ID No. or SSN _____

New Applicant (Y/N) or Renewal (Y/N) Provide License Number _____

Privacy Act Notice: This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. § 552a. Disclosure of your Social Security or Federal Tax Identification on this form is mandatory pursuant to the provisions of § 1-203 (2003) of Environment Article, Annotated Code of Maryland, which requires MDE to verify that an applicant for a permit or license has paid all undisputed taxes and unemployment insurance. Social Security and Federal Tax Identification Nos. will not be used for any purposes other than those described in this Notice.

2. **TRAINING AND APPLIED RADIATION MACHINE EXPERIENCE (See COMAR 26.12.01.03B)**
Attach documentation of applicant's formal education, applied radiation machine experience, and if appropriate, current certification by the Health Physics Society or the American Board of Radiology. If a high energy license is being applied for, attach the additional information on experience specific to the high energy machines. Provide photocopies of pertinent certificates. Attach information regarding any disciplinary or other legal action taken against the applicant for matters related to radiation machine inspections or operation by any certification or licensing body, professional society, or governmental entity.

3. **HIGH ENERGY LICENSE (See COMAR 26.12.01.03B) and AVAILABLITY**
Does the applicant wish to apply for a license to inspect radiation machine having energy level greater than one MeV? Y/N _____ Does the applicant wish to be placed on a list of State-licensed inspectors who are available for hire? Y/N _____

4. **CONFLICT OF INTEREST (See COMAR 26.12.02.03C(1)**
A potential conflict of interest due to a financial arrangement with a business entity offering commercial sales and servicing of radiation machines is grounds for denial or revocation of a license to inspect radiation machines. On an attachment to this application, set forth all information that pertains to any potential conflict of interest that could arise if a license were granted.

5. **FAMILIARITY WITH REGULATIONS, CERTIFICATIONS, AND AGREEMENT TO PROVIDE ADDITIONAL INFORMATION**
I certify that I have read and understand the requirements of COMAR 26.12.02 (Inspection and Certification of Radiation Machines) and those portions of the Maryland State Department of Environment Regulations for the Control of Ionizing Radiation (which are incorporated by reference at COMAR 26.12.01) that pertain to the radiation machines which I intend to inspect. I further certify that the information provided on this application, including all attachments, is true, accurate, and complete. If granted a license, I agree to inform the Department in writing of any circumstances that arise during the term of the license that could be the basis for an action to revoke or suspend my license. See COMAR 26.12.02.03C. I understand that this license does not qualify to meet MQSA medical physicist requirements.

_____	_____	_____
NAME (printed)	SIGNATURE	DATE