VIRGINIA DEPARTMENT OF HEALTH
Radioactive Materials Program
109 Governor Street, Room 730
Richmond, VA 23219
(804) 864-8150

CERTIFICATE – USE OF DEPLETED URANIUM UNDER GENERAL LICENSE

12VAC5-481-420 C establishes a general license authorizing the use of depleted uranium contained in industrial products or devices for mass-volume applications. Persons who receive, acquire, possess, or use depleted uranium pursuant to the general license are required to submit this form within 30 days after the first receipt or acquisition of such depleted uranium to the Virginia Department of Health (VDH).

Instructions – Complete all items. Retain one copy and submit the original to Virginia Department of Health, Radioactive Materials Program, 109 Governor Street, Room 370, Richmond, VA 23219.

CONTACT INFORMATION

Item 1 Name And Mailing Address Of Applicant	**Item 2 Contact Person - Name** **Item 3 Contact Person – Telephone Number** (Include area code)

LOCATION OF USE

Item 4 Address(es) where depleted uranium will be used. Do not use Post Office Box. Attach separate sheets if necessary.

Address	Telephone Number (Include area code):

CERTIFICATION (To be completed by an individual authorized to make binding commitments on behalf of the applicant.)

Item 5

The undersigned, on behalf of the applicant hereby certifies all the following:

A. All information in this application is true and complete.

B. Procedures have been developed and will be maintained to establish physical control over the depleted uranium, as described in 12VAC5-481-420 C. These procedures are designed to prevent transfer of the depleted uranium in any form, including scrap metal, to persons not authorized to receive the depleted uranium.

C. I understand that VDH requires that any changes in the information furnished on this application and any transfer of depleted uranium, including transfer for disposal, be reported to VDH within 30 days (12VAC5-481-420 C).

D. I have read and understand the provisions of the general license for use of depleted uranium, as specified in 12VAC5-481-420 C. I also understand that compliance with these provisions is required for all radioactive material that is received, acquired, possessed, used, or transferred under this general license.

SIGNATURE (Applicant or Authorized Individual)	**Date signed**

Print Name and Title of above signatory

LEAVE THE SECTION BELOW BLANK – NUMBER TO BE ASSIGNED BY VDH

CERTIFICATE NUMBER	**EXPIRES**
SIGNATURE	**DATE**