RC FORM 510
(04/2022)

ARKANSAS DEPARTMENT OF HEALTH
RADIATION CONTROL SECTION

REGISTRATION OF GENERALLY LICENSED DEVICES

GL - _____
(to be assigned by ADH)

RH-402.a. of the ASBH Rules for Control of Sources of Ionizing Radiation establishes a general license authorizing the use of devices designed and manufactured for the purpose of detecting, measuring, gauging or controlling thickness, density, level, interface location, radiation, leakage, or qualitative or quantitative chemical composition, or for producing light or an ionized atmosphere.

RH-402.c.13. requires registration of devices containing at least one of the radionuclides listed in the table below, based on the activity indicated on the device label. Persons generally licensed by the U.S. Nuclear Regulatory Commission or an Agreement State with respect to devices meeting the criteria in RH-402.c.13.A. are subject to registration requirements if the devices are used in areas subject to Arkansas Department of Health jurisdiction.

CRITERIA FOR REGISTRATION

Radionuclide	**Activity greater than or equal to**
Strontium-90, Radium-226	0.1 millicurie (3.7 megabecquerel)
Cobalt-60, Nickel-63, Americium-241, Curium-244, Californium-252, other transuranics [i.e., element with atomic number greater than uranium (92)]	1 millicurie (37 megabecquerel)
Cesium-137	10 millicurie (370 megabecquerel)

Submit RC Form 510 to the following address within 30 days or as otherwise indicated. Initial registrations should be submitted within 30 days of receipt of the device.

Arkansas Department of Health, Radiation Control Section, General License Registration Program, 4815 West Markham, Slot 30, Little Rock, Arkansas, 72205-3867.

Please submit the **fee** below with the registration form. Note that the fee is charged per facility and is not based on the number of devices possessed. You may pay your fee by check or money order, made out to the Arkansas Department of Health.

Following initial registration, an annual fee will be billed each November for the upcoming year. Annual fees can also be paid online at www.healthy.arkansas.gov.

FEE

Certain detecting, measuring, gauging, or controlling devices and certain devices for producing light or an ionized atmosphere (including certain ECDs in gas chromatographs)	$720

For questions, please call the General License Registration Program at (501) 661-2173.

INSTRUCTIONS FOR COMPLETING RC FORM 510

READ ALL OF THE INSTRUCTIONS PRIOR TO COMPLETING THIS FORM.

Review all five sections of this registration form. If you have more devices than space provided in the form, **copy the form before starting, as needed**. Use black ink and print using **CAPITAL LETTERS**. Start information in the first box provided. If the information contains a number with a dash (-) or a decimal point (.), include the dash or decimal point as an individual character. Use the "Ø" character to represent the number 0 (zero).

Verify information about the devices by reviewing the label on the outside of the device. **For safety reasons, DO NOT TRY TO TAKE APART ANY DEVICE to verify this information.** If you are uncertain how to identify the device's label, contact the device's manufacturer or an authorized service agent for this information.

Note to specific licensees: If you believe the device(s) listed on the registration form are possessed under your specific license, then verify the device label does not state the device is subject to a general license. If the labels indicate the device is subject to a general license, then complete the registration form as instructed below. If not, complete the registration as instructed below, however, complete one Section 4 per device transferred to your specific license.

Section 1 - General Licensee Information. Provide the requested information about you, the general licensee.

On Page 1, provide the street address/location where your device(s) are stored/used. For portable devices, provide the storage location. P.O. Box addresses are not allowed. Do not write in the box marked "**For ADH Use Only**."

On Page 2, provide the name, telephone number, and title of the individual responsible for your device(s) and a mailing address where correspondence about your device(s) can be sent. The mailing address should be specific to the physical location where the devices are stored/used. (P.O. Boxes may be used if this is the only available mailing address.) The individual indicated in this section as responsible for your device(s) must also verify and sign the form in Section 5.

Section 2 - Devices Subject to Registration, Received From the Manufacturer or Distributor. List each device subject to registration and in your possession that was received from the manufacturer or distributor.

Section 3 - Devices Subject to Registration, Received From Another General Licensee or Other Source. List each device subject to registration and in your possession that was received from another general licensee or from another source.

Section 4 - Devices Subject to Registration That You Have Transferred. List information for devices that were subject to the General License Registration requirements that have been transferred. Transfers must be conducted in accordance with RH-402.c.8. and c.9.

Section 5 - Certification and Signature. The responsible individual must sign and date the certification.

REGISTRATION OF GENERALLY LICENSED DEVICES

Date: _____

SECTION 1 - GENERAL LICENSEE INFORMATION

Enter the company name and street address for the physical location of storage/use of the device(s). For portable devices, specify the primary storage location.
Do not use P. O. Boxes.

Company Name:

Department:

Address Line 1:

Address Line 2:

City:

State: Zip: –

County:

DO NOT WRITE IN THIS SPACE – For ADH Use Only

Registration Received _____ **Registration Processed** _____

Customer No._____ **Registration No.** _____

Registration Type _____ **Certification Statement** _____

Contact Person_____

Telephone_____

SECTION 1 - GENERAL LICENSEE INFORMATION (continued)

Enter the name, telephone number, and title of the person who is the responsible individual for the device(s).

Last Name:

First Name: Middle Initial:

Telephone: – – Extension:

Title:

Enter the mailing address where correspondence regarding your device(s) should be sent. P.O. Boxes may be used if this is the only available mailing address.

Department:

Address Line 1:

Address Line 2:

City:

State: Zip Code: –

Changes to the mailing address for the location of use (including a change in name of the general licensee) must be reported to the General License Registration Program within 30 days of the effective date of the change (RH-402.c.14.), regardless of whether registration is required for the particular device.

Date: _____

SECTION 2 - DEVICES SUBJECT TO REGISTRATION

Our records indicate that you are in possession of device(s) that are subject to registration. Please complete the following information by listing all devices that have been received from the MANUFACTURER or DISTRIBUTOR that are subject to General License Registration.

Manufacturer Name:

Manufacturer License Number:

Device Model: (NOT the source model)

Device Serial Number: (NOT the source serial number)

Isotope: Receipt Date: MM DD YYYY (if known)

Activity: Unit (uCi, mCi):

Manufacturer Name:

Manufacturer License Number:

Device Model:

Device Serial Number:

Isotope: Receipt Date: MM DD YYYY (if known)

Activity: Unit (uCi, mCi):

Date: _____

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

Provide information about other devices you have that are subject to registration. Please indicate if these were received from another General Licensee or from another Source:

Transferor's Name:

Manufacturer Name:

Device Model:

Device Serial Number:

Isotope: Receipt Date: MM DD YYYY (if known)

Activity: Unit (uCi, mCi):

Received from another General Licensee? ____ Yes ____ No
Received from another Source? ____ Yes ____ No

Transferor's Name:

Manufacturer Name:

Device Model:

Device Serial Number:

Isotope: Receipt Date: MM DD YYYY (if known)

Activity: Unit (uCi, mCi):

Received from another General Licensee? ____ Yes ____ No
Received from another Source? ____ Yes ____ No

Date: _____

SECTION 4 - DEVICES YOU HAVE TRANSFERRED

Provide information about devices that have been in your possession but that are no longer in your possession. Use this section, also, to provide information about devices transferred to your specific license under RH-402.c.8.C., if applicable.

Part 1: Enter information about the company receiving the transferred device.

Company Name:

Department:

License Number of Recipient (if applicable):

Address Line 1:

Address Line 2:

City:

State: Zip Code: –

Part 2: Enter the name of the individual responsible for this device.

Last Name:

First Name: Middle Initial:

Telephone: – – Extension:

Title:

Part 3. Enter information about the device transferred.

Manufacturer Name:

Device Model:

Device Serial Number:

Isotope: Transfer Date: MM DD YYYY

Activity: Unit (uCi, mCi):

Transfers must be conducted in accordance with RH-402.c.8. and c.9. The General License Registration Program must be notified within 30 days after the transfer of ANY RH-402.a. device, regardless of whether registration is required for the particular device.

SECTION 5 - CERTIFICATION

I hereby certify that:

A. All information contained in this registration is true and complete to the best of my knowledge and belief.

B. A physical inventory of the devices subject to registration has been completed, and the device information on this form has been checked against the device labeling.

C. I am aware of the requirements of the general license provided in RH-402.a. Applicable rules may be viewed at the Arkansas Department of Health web site at www.healthy.arkansas.gov.

_____ _____

SIGNATURE - RESPONSIBLE INDIVIDUAL
(Listed in Section 1)

DATE

WARNING: FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. RH-106. REQUIRES THAT SUBMISSIONS TO THE DEPARTMENT BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECTS. ANY PERSON WHO VIOLATES RH-107.a.1. OR a.2. MAY BE SUBJECT TO ENFORCEMENT ACTION IN ACCORDANCE WITH RH-700.