

**APPLICATION FOR ARMY RADIATION
AUTHORIZATION**

For use of this form, see AR 385-10; the proponent agency is ASA (IE&E).

1. THIS IS AN APPLICATION FOR <i>(Check appropriate item)</i> <input type="checkbox"/> NEW ARA <input type="checkbox"/> AMENDMENT TO ARA NUMBER _____ <input type="checkbox"/> RENEWAL OF ARA NUMBER _____	2. NAME, MAILING ADDRESS, AND E-MAIL ADDRESS OF APPLICANT <i>(Include ZIP Code)</i>
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3. ADDRESSES WHERE AUTHORIZED IONIZING RADIATION SOURCES WILL BE USED OR POSSESSED

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION	5. TELEPHONE NUMBER AND FAX NUMBER
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Items 6 through 12 may be continued on the following page or on 8 1/2 x 11 inch paper. The type and scope of information to be provided should be adequate to show complete compliance with applicable regulations and guidance. *(If you can link use of radioactive material to a valid Nuclear Regulatory Commission (NRC) license, provide number and expiration date of the license and only submit items that differ from the NRC license application and associated documents.)*

6. RADIATION SOURCE(s)	
a. RADIOACTIVE MATERIAL <i>(Element and mass number, chemical and/or physical form, and maximum amount that you will possess at any one time.)</i>	b. ACCELERATOR(s) AND X-RAY SYSTEM(s) CAPABLE OF PRODUCING A "HIGH RADIATION AREA" OR "VERY HIGH RADIATION AREA" <i>(Describe)</i>
7. PURPOSE(s) FOR WHICH IONIZING RADIATION SOURCE(s) WILL BE USED	8. INDIVIDUAL(s) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE
9. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS	10. FACILITIES AND EQUIPMENT <i>(Describe rooms or areas, shielding, safety devices, monitoring equipment, and so on.)</i>
11. RADIATION SAFETY PROGRAM	12. WASTE MANAGEMENT

13. CERTIFICATION

The applicant understands that all statements and representations made in this application are binding upon the applicant. The applicant and any official executing this certification on behalf of the applicant, named in Item 2, certify that all information contained in this application is true and correct to the best of their knowledge and belief.

14. NAME, RANK, AND TITLE OF CERTIFYING OFFICER	
15. SIGNATURE	16. DATE (YYYYMMDD)

ITEMS 6 THRU 12 (Continued)