**RADIOLOGICAL HEALTH PROGRAM**
**1800 Washington Boulevard, Baltimore, MD 21230**
**(410) 537-3300 ● 1-800-633-6101**

## Maryland Radiological Health Program ♦ General License Device Registration

*Note: When you have completed this form, e-mail it as an attachment to mde.genlic@maryland.gov.*

**Name of Company** _____ **Date** _____

**Mailing Address** _____

**City** _____

**State** _____ **Zip Code** _____

**Responsible Person** _____

**Title** _____

**Telephone Number** _____

**Storage Address** _____

**County of Storage** _____

**Address of Use** _____

**FOR EACH DEVICE, COMPLETE ONE ROW OF THE FOLLOWING TABLE:**

| Manufacturer or Initial Transferor | Device Model Number | Device Serial Number | Radioisotope | Activity (mCi) |
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**Attach additional sheets if needed**