



RADIOACTIVE WASTE TRANSPORTATION PERMIT APPLICATION



Permit Number(s) IDHS Completed

Date Received IDHS Completed

1. Applicant Information (Person who is responsible for the shipment of radioactive waste.)

Contact Name:

Title:

Organization Name:

Address:

City:

State:

Zip Code:

Email:

Phone:

2. Carrier Information

Name of Carrier:

Contact Name:

Title:

Contact Phone:

Contact Email:

3. Anticipated waste shipment information

Shipment Date	Shipment Origin	Shipment Destination	Amount Shipped (lbs or tons)	Number of Shipments
Material	Isotope (s)	Activity by Isotope	Is a Level VI CVSA inspection planned for this load prior to its arrival in Indiana? yes/no (If yes list state that will perform inspection.)	
Shipment Route through Indiana (brief description)			Comments	

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