

# Shielding Plan Cover Sheet

\*Please complete all fields and attach to shielding plan prior to submission to the Radiation Health Branch for review.

Facility name:

Registration #:

Address:

Contact (name and phone #):

Address for Response Letter:

Qualified Expert:

Address:

Phone #:

The following **must** be included in order to initiate the review process:

Floor plan

Processing fee *See 902 KAR100:012 Fee Schedule* <http://www.lrc.state.ky.us/kar/902/100/012.htm>

Registration Number *If not registered, complete and submit the attached application with shielding plan*