



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH ENGINEERING
BUREAU OF HEALTH
RADIATION CONTROL PROGRAM

NAME: _____

FACILITY: _____

ADDRESS: _____

Document desired: **Rules Relating to Radiation Protection**

Quantity desired: Print _____ CD-ROM _____

Cost per copy: **\$30.00**

Total amount enclosed: _____

PLEASE make check *payable* to: Treasurer State of Maine and mail to:

Department of Human Services
Division of Health Engineering
Radiation Control Program
11 State House Station
Augusta, ME 04333-0011

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