Nevada Radiation Control Program

Radioactive Materials (RAM)License

Amendment Request Form

LICENSEE INFORMATION

NAME OF BUSINESS ON RAM LICENSE _____ RAM LICENSE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

REQUESTOR'S TELEPHONE # _____ REQUESTOR'S CELL # _____ *REQUESTOR'S FAX #* _____ REQUESTOR'S E-MAIL ADDRESS _____

☐ **CHANGE OR ADD A RADIATION SAFETY OFFICER (RSO)**

- ☐ Name:_____ and
- ☐ Completed *RSO Delegation of Authority* form http://health.nv.gov/PDFs/Radiology/Forms/RSO_DelegationAuthority.pdf [1] and
- ☐ Submit a copy of the specialty board certificate or RSO training certificate **(for ALL)** and
- ☐ If applicable, submit a copy of a RAM License wherein named for similar uses **(for ALL) or**
- ☐ Submit a completed 313A attestation form for requested use **(Medical Use)**.

☐ **ADD AN AUTHORIZED USER (AU), AUTHORIZED MEDICAL PHYSICIST (AMP), AUTHORIZED NUCLEAR PHARMACIST(ANP)**

- ☐ Name:_____ and
- ☐ Submit a copy of the specialty board certificate or user training certificate **(for ALL)** and
- ☐ Submit a copy of the Nevada Medical Examiners Board or Board of Pharmacy card **(for Medical AU & ANP)** and
- ☐ If applicable, submit a copy of a RAM License wherein named for similar uses **or**
- ☐ Submit a completed 313A attestation form for requested use **(Medical Use)**.

☐ **REMOVE AN AU, AMP OR ANP**

- ☐ Submit a list of the AU(s), AMP(s) or ANP(s) to be removed.

☐ **ADD OR REMOVE RADIOACTIVE MATERIALS FROM INVENTORY**

- ☐ Submit a current inventory to include: manufacturer, model #, serial #, nuclide, activity and purpose of use.

☐ **ADDRESS CHANGE**

- ☐ Submit a copy of the state, county or city business license for the new address and
- ☐ Submit a letter from the property owner permitting the storage and/or use of radioactive materials on site and
- ☐ Submit a facility diagram of the location; include a scale, ↑ N, surrounding areas, shielding & security measures and
- ☐ Close out contamination surveys for the old address (include most recent leak).

☐ **OTHER**

- ☐

ATTESTATION

As the amendment requestor, I am a company officer or RSO executing this attestation and certify that this request is prepared in conformity with Nevada Administrative Code (NAC) 459 and that all information contained herein, including any supplements attached hereto, are true and correct to the best of my knowledge and belief. I understand the amendment request will not be complete until the Nevada Radiation Control Program issues an amended license approving the changes.

PRINTED NAME OF ATTESTING OFFICIAL _____ **TITLE** OF ATTESTING OFFICIAL _____ SIGNATURE _____ DATE _____

[1] Submit an organizational chart of the company illustrating the RSO's position