



# Nevada Radiation Control Program

## License Application for Fixed Nuclear Density Gauge



### APPLICANT INFORMATION

|   |                            |                               |                       |
|---|----------------------------|-------------------------------|-----------------------|
| NAME OF APPLICANT   |                            | NAME OF COMPANY OR BUSINESS   |                       |
| Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> | PREVIOUS NV LICENSE NUMBER | Other State/NRC RAM Licenses? | LIST ALL RAM LICENSES |
| TELEPHONE NUMBER  | CELL NUMBER                | FAX NUMBER                    | E-MAIL ADDRESS        |
| STREET ADDRESS  | CITY                       | STATE                         | ZIP CODE              |

### RADIATION SAFETY OFFICER (RSO)\*

|                                  |                   |            |                |
|----------------------------------|-------------------|------------|----------------|
| NAME OF RSO                      | CELL PHONE NUMBER | FAX NUMBER | E-MAIL ADDRESS |
| NAME OF ALTERNATE RSO (OPTIONAL) | CELL PHONE NUMBER | FAX NUMBER | E-MAIL ADDRESS |

\*Submit the RSO training certificate and Delegation of Authority form for the RSO and ARSO.

### AUTHORIZED USERS\*

|                         |       |                         |       |
|-------------------------|-------|-------------------------|-------|
| NAME OF INDIVIDUAL USER | TITLE | NAME OF INDIVIDUAL USER | TITLE |
| NAME OF INDIVIDUAL USER | TITLE | NAME OF INDIVIDUAL USER | TITLE |
| NAME OF INDIVIDUAL USER | TITLE | NAME OF INDIVIDUAL USER | TITLE |
| NAME OF INDIVIDUAL USER | TITLE | NAME OF INDIVIDUAL USER | TITLE |

\*Submit the Radiation Safety Training Certificate for each Authorized User.

### DOSIMETRY INFORMATION (NVLAP APPROVED)

|                |          |                    |  |
|----------------|----------|--------------------|--|
| PROCESSOR NAME | TLD/FILM | EXCHANGE FREQUENCY | Commit to maintain control badges <input type="checkbox"/> |
|----------------|----------|--------------------|--|

\*If dosimetry is not used, submit the calculations to prove below 10% of allowable exposure.

### SURVEY METER INFORMATION

|                   |       |                     |           |
|-------------------|-------|---------------------|-----------|
| MANUFACTURER NAME | MODEL | CALIBRATION COMPANY | FREQUENCY |
|-------------------|-------|---------------------|-----------|

\*If a meter is not owned, commit to having access to one for emergencies.

**FIXED GAUGE INFORMATION**

**(SAMPLE) Ronan**

Model SA-1

7777777

500 mCi Cs-137

GAUGE MANUFACTURER

GAUGE MODEL NUMBER

GAUGE SERIAL NUMBER

SOURCES & ACTIVITY

**3 M 4D6L**

To measure level and/or density.

SEALED SOURCE MANUFACTURER & SERIAL NUMBER

USE

**1.**

GAUGE MANUFACTURER

GAUGE MODEL NUMBER

GAUGE SERIAL NUMBER

SOURCES & ACTIVITY

SEALED SOURCE MANUFACTURER & SERIAL NUMBER

USE

**2.**

GAUGE MANUFACTURER

GAUGE MODEL NUMBER

GAUGE SERIAL NUMBER

SOURCES & ACTIVITY

SEALED SOURCE MANUFACTURER & SERIAL NUMBER

USE

**3.**

GAUGE MANUFACTURER

GAUGE MODEL NUMBER

GAUGE SERIAL NUMBER

SOURCES & ACTIVITY

SEALED SOURCE MANUFACTURER & SERIAL NUMBER

USE

**4.**

GAUGE MANUFACTURER

GAUGE MODEL NUMBER

GAUGE SERIAL NUMBER

SOURCES & ACTIVITY

SEALED SOURCE MANUFACTURER & SERIAL NUMBER

USE

For additional gauges, submit a copy of the latest complete inventory.

**ATTACHMENT CHECKLIST**

- Check payable to **Radiation Control Program** in the amount of \$1,100 .
- Use the checklist of commitments and items to submit for Portable Gauge Licensing:  
<http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Reg/Radoactive-Mtl/Docs/GuidanceChecklistforFixedGauges.pdf>

**LICENSING GUIDANCE**

- For licensing guidance, please refer to the U.S. Nuclear Regulatory Commission NUREG-1556 series "Consolidated Guidance About Materials Licenses". There is a specific volume that will pertain to each type of licensing.

**CERTIFICATION**

As the applicant, I am a company officer executing this certification, and certify that this application 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.

APPLICANT'S SIGNATURE

PRINTED NAME

TITLE

DATE