

Nevada Radiation Control Program



License Application for Medical Use of Radioactive Materials

APPLICANT INFORMATION

Is this a Renewal? Yes	No				
	PREVIOUS NV LICENSE NUMBER				
NAME OF APPLICANT		NAME OF COMPANY OR BUSINESS			
APPLICANT'S STREET ADDRESS		CITY	STATE	ZIP CODE	
ADDRESS WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED		CITY	STATE	ZIP CODE	
*NAME & TITLE OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION		TELEPHONE NUMBER FAX NUMBER The contact must have Delegation of Authority to act on the license			
CONTACT PERSON'S E	E-MAIL				
RADIOACTIVE MATERIAL (RAM)	CHEMICAL AND/OR PHYSICAL FORM MAX AMT POSSESSED DOSE AND ANY ONE T				
(SAMPLE) IODINE-131	SODIUM IODINE CAPSULES		≤33 mCI/DOSE & 200 mCi/total		
			-		
			-		
			-		
	_				

(Include Depleted Uranium if used for shielding)

For Licensing purposes, the Nevada Radiation Control Program will list each radionuclide individually for 10 CFR 35.300, 35.400, 35.500, 35.600 and 35.1000. Please submit each individual radionuclide, the maximum quantity per dose and the total quantity to be possessed. (For example, Iodine-131; ≤33 mCi per dose & 200 mCi total)10 CFR 35.100 and 35.200 may be listed as Any Radioactive Material Permitted, Any form, and As needed quantity.

RADIOACTIVE		PURPOSE FOR	USE			
(SAMPLE)IODONE-131		TREATMENT OF THYROII	D DISEASE.			
 -						
	RADIATION SA	AFETY OFFICER*				
NAME OF RSO	TELEPHONE NUMBER	CELL NUMBER	E-MAIL ADDRESS			
NAME OF RSO	TELEPHONE NUMBER	CELL NUMBER	E-MAIL ADDRESS			
(OPTIONAL)NAME OF ALTERNATE RSO	TELEPHONE NUMBER	CELL NUMBER	E-MAIL ADDRESS			
*Submit the RSO training certific	cate and Delegation of	f Authority form for th	e RSO and ARSO.			
	RESPONSIBL	E PARTY(S)**				
NAME & TITLE	TELEPHONE NUMBER	CELL NUMBER	E-MAIL ADDRESS			
NAME & TITLE	TELEPHONE NUMBER	CELL NUMBER	E-MAIL ADDRESS			
have the ability to act on thei	r behalf, a NON-RSC	Delegation of Author	gist or other Responsible Party to ority can be submitted with the s/NON-RSO_RPDelegationofAuthority.pdf			
DC	SIMETRY INFORMAT	ION (NVLAP APPRO)	/ED)			
DOSIMETRY INFORMATION (NVLAP APPROVED) Commit to maintain control badges						
PROCESOR NAME	TLD/FILM/RING EXCHA	NIGE FREQUENCY	to maintain control bauges			
*If dosimetry is not used, submit		e below 10% of allowable	le exposure.			

	SURVEY METER I	NFORMATION	
MAUFACTURER NAME	MODEL	PROBES	CALIBRATION FREQUENCY
MAUFACTURER NAME	MODEL	PROBES	CALIBRATION FREQUENCY
MAUFACTURER NAME	MODEL	PROBES	CALIBRATION FREQUENCY
MAUFACTURER NAME	MODEL	PROBES	CALIBRATION FREQUENCY
MAUFACTURER NAME	MODEL	PROBES	CALIBRATION FREQUENCY
Name of Calibration Compan	y & License #:		
	ATTACHMENT (CHECKLIST	
Check payable to Radiation C	Control Program in the a	mount of \$ -se	e NAC 459.310
Use the checklist of commit http://dpbh.nv.gov/uploadedFiles/dpbhn			_
	LICENSING GU	TDANCE	
 For licensing guidance, please "Consolidated Guidance About I type of licensing. When the app part of the license conditions an 	refer to the U.S. Nuc Materials Licenses". Th olication references co	clear Regulatory Com ere is a specific volu nmitments, those ite	me that will pertain to each
	CERTIFICA	ATION 1	
The Applicant understands that upon the Applicant. The Application is certify that this application is information herein is true and or	ant, and any official exe s prepared in conform	ecuting this certification ity with NAC 459 ar	on on behalf of the Applicant,
The applicant attests that all in	nvolved personnel have	received training in s	rafe injection practices.
CERTIFYING OFFICER —PRINTED NAME	TITLE	SIGNATURE	DATE

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 ¹ must be completed by Senior Management or RSO with Delegation of Authority and submit a Organizational Chart
 Division of Public and Behavioral Health • Nevada Radiation Control Program