





**SURVEY METER INFORMATION**

MAUFACTURER NAME	MODEL	PROBES	CALIBRATION FREQUENCY
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Name of Calibration Company & License #: \_\_\_\_\_

**ATTACHMENT CHECKLIST**

- Check payable to **Radiation Control Program** in the amount of \$ \_\_\_\_\_ -see [NAC 459.310](#)
- Use the checklist of commitments and items to submit for Medical Licensing:**  
[http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Reg/Radoactive-Mtl/Docs/Guidance\\_Checklist\\_for\\_Medical\\_licensee\\_3-2017.pdf](http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Reg/Radoactive-Mtl/Docs/Guidance_Checklist_for_Medical_licensee_3-2017.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. When the application references commitments, those items become binding and are part of the license conditions and regulatory requirements.

**CERTIFICATION <sup>1</sup>**

The Applicant understands that all statements and representations made in this application are binding upon the Applicant. The Applicant, and any official executing this certification on behalf of the Applicant, certify that this application is prepared in conformity with NAC 459 and 10 CFR 35, and that all information herein is true and correct to the best of their knowledge.

The applicant attests that all involved personnel have received training in safe injection practices.

_____	_____	_____	_____
CERTIFYING OFFICER — <b>PRINTED NAME</b>	<b>TITLE</b>	SIGNATURE	DATE

<sup>1</sup> 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