



Nevada Radiation Control Program



License Application for NON-Medical Use of Radioactive Materials

APPLICANT INFORMATION

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

RADIATION SAFETY OFFICER* (RSO) & AUTHORIZED USERS

NAME OF RSO	TELEPHONE NUMBER	CELL NUMBER	E-MAIL ADDRESS
NAME OF INDIVIDUAL USER	TITLE	NAME OF INDIVIDUAL USER	TITLE
NAME OF INDIVIDUAL USER	TITLE	NAME OF INDIVIDUAL USER	TITLE

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

PERSONNEL MONITORING-DOSIMETRY (NVLAP CERTIFIED)

TYPE	CALIBRATION METHOD*	PROCESSING METHOD*	BIOASSAY PROCEDURE*
FILM, TLD, ETC.	IF APPLICABLE*	IF APPLICABLE*	IF APPLICABLE*

Supplier _____

Frequency of exchange: _____ Commit to maintain control badges

UNSEALED SOURCES

RADIOACTIVE MATERIAL	CHEMICAL FORM	MAX ACTIVITY	USE OF RAM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
SAMPLE (I-125)	LIQUID	2 mCi	IN-VITRO TISSUE ANALYSIS

SEALED SOURCES

MFG	RADIOACTIVE MATERIAL	MAX ACTIVITY	MODEL NO.	SERIAL NO.	NO. OF SOURCE	PURPOSE FOR USE
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
ATOMLAB	(SAMPLE) CS-137	100 mCi	M****	32-5678	6	CALIBRATION TEST

RADIATION DETECTION INSTRUMENTS

MANUFACTURER	MODEL	RAD	RANGE	CALIBRATION COMPANY	CALIBRATION FREQUENCY
_____	_____	_____	_____	_____	_____
MAKE AND MODEL NUMBER		α, β, γ		THICKNESS	MONITOR, SURVEY, MEASURE

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 the appropriate license type:
http://www.health.nv.gov/HCQC_Radiological_Forms.htm

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.

PRINTED NAME OF APPLICANT

TITLE OF CERTIFYING OFFICIAL

 SIGNATURE

 DATE

TRAINING

NAME OF INDIVIDUAL

TYPE OF TRAINING	WHERE TRAINED	DURATION OF TRAINING	ON THE JOB		FORMAL COURSE	
			Y	N	Y	N
Principles and practices of radiation protection			Y	N	Y	N
Radioactivity measurement standardization, monitoring techniques and instruments			Y	N	Y	N
Mathematics and calculations basic to the use and measurement of radioactivity			Y	N	Y	N
Biological effects of ionizing radiation			Y	N	Y	N

EXPERIENCE

RADIONUCLIDE	MAX AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DUPLICATE THIS PAGE FOR MULTIPLE USERS.