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 ☐ No ☐ PREVIOUS NV LICENSE NUMBER _____ Other State/NRC 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://dpbh.nv.gov/Reg/RAM/dta/Forms/Radioactive_Material_Program_(RAM)_-_Forms/

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
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.