



# Nevada Radiation Control Program



## License Application for Portable 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 license? <input type="checkbox"/>
TELEPHONE NUMBER		CELL NUMBER	FAX NUMBER
E-MAIL ADDRESS		LIST ALL RAM LICENSES	
BUSINESS STREET ADDRESS		CITY	STATE
PERMANENT GAUGE STORAGE STREET ADDRESS		CITY	STATE
ZIP CODE		ZIP CODE	

### RADIATION SAFETY OFFICER\*

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 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 and HAZMAT certificate for each Authorized User.

### DOSIMETRY INFORMATION (NVLAP APPROVED)

PROCESSOR NAME	TLD/FILM	EXCHANGE FREQUENCY	Commit to maintain control badges <input type="checkbox"/>
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\*If dosimetry is not used, submit the calculations to prove below 10% of allowable exposure.

### SURVEY METER INFORMATION

MANUFACTURER NAME	MODEL	CALIBRATION COMPANY	FREQUENCY
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\*If a meter is not owned, commit to having access to one for emergencies.

**PORTABLE GAUGE INFORMATION**

**(SAMPLE)** Troxler

3440

696311

8 mCi Cs-137 / 40 mCi Am-241

GAUGE MANUFACTURER

MODEL NO.

SERIAL NO.

SOURCES & ACTIVITY

To measure the moisture and density of construction materials.

USE

**1.**

GAUGE MANUFACTURER

MODEL NO.

SERIAL NO.

SOURCES & ACTIVITY

USE

**2.**

GAUGE MANUFACTURER

MODEL NO.

SERIAL NO.

SOURCES & ACTIVITY

USE

**3.**

GAUGE MANUFACTURER

MODEL NO.

SERIAL NO.

SOURCES & ACTIVITY

USE

**4.**

GAUGE MANUFACTURER

MODEL NO.

SERIAL NO.

SOURCES & ACTIVITY

USE

If more lines are needed, submit the last inventory with all of this information included for each gauge.

**ATTACHMENT CHECKLIST**

Check payable to **Radiation Control Program** in the amount of \$1,320 .

Use the checklist of commitments and items to submit for Portable Gauge Licensing:

<http://www.health.nv.gov/PDFs/Radiology/Guidances/GuidanceChecklistforPortableFixedGauges.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