



Nevada Radiation Control Program Radioactive Materials (RAM) License Amendment Request Form



LICENSEE INFORMATION

NAME OF BUSINESS ON RAM LICENSE		RAM LICENSE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
REQUESTOR'S TELEPHONE #	REQUESTOR'S CELL #	REQUESTOR'S FAX #	REQUESTOR'S E-MAIL ADDRESS

CHANGE RSO OR **ADD AN ALTERNATE RADIATION SAFETY OFFICER (ARSO)**

Name: _____ and remove _____ if applicable; and

Completed *RSO Delegation of Authority* form http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Reg/Radoactive-Mtl/Docs/RSO_DelegationAuthority.pdf¹ and

Submit a copy of the specialty board certificate or RSO training certificate (**for ALL**) and

If applicable, submit a copy of a RAM License wherein named for similar uses (**for ALL**) or

Submit a completed 313A attestation form for requested use (**Medical Use**).

ADD AN AUTHORIZED USER (AU), AUTHORIZED MEDICAL PHYSICIST (AMP), AUTHORIZED NUCLEAR PHARMACIST (ANP)

Name: _____ and

Submit a copy of the specialty board certificate or user training certificate (**for ALL**) and

Submit a copy of the Nevada Medical Examiners Board or Board of Pharmacy card (**for Medical AU & ANP**) and

If applicable, submit a copy of a RAM License wherein named for similar uses **or**

Submit a completed 313A attestation form for requested use (**Medical Use**).

REMOVE AN AU, AMP OR ANP

Submit a list of the AU(s), AMP(s) or ANP(s) to be removed.

ADD OR REMOVE RADIOACTIVE MATERIALS FROM INVENTORY

Submit a current inventory to include: manufacturer, model #, serial #, nuclide, activity and purpose of use.

ADDRESS CHANGE

Submit a copy of the state, county or city business license for the new address and

Submit a letter from the property owner permitting the storage and/or use of radioactive materials on site and

Submit a facility diagram of the location; include a scale, ↑ N, surrounding areas, shielding & security measures and

Close out contamination surveys for the old address (include most recent leak).

OTHER

ATTESTATION

As the amendment requestor, I am a company officer or RSO executing this attestation and certify that this request 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 and belief. I understand the amendment request will not be complete until the Nevada Radiation Control Program issues an amended license approving the changes.

PRINTED NAME OF ATTESTING OFFICIAL	TITLE OF ATTESTING OFFICIAL	SIGNATURE	DATE
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¹ Submit an organizational chart of the company illustrating the RSO's position