



# Nevada Radiation Control Program



## License Application for Fixed 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 RAM Licenses?	LIST ALL RAM LICENSES
TELEPHONE NUMBER	CELL NUMBER	FAX NUMBER	E-MAIL ADDRESS
STREET ADDRESS		CITY	STATE ZIP CODE

### RADIATION SAFETY OFFICER (RSO)\*<sup>1</sup>

NAME OF RSO	CELL PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
NAME OF ALTERNATE RSO	CELL PHONE NUMBER	FAX 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 for each Authorized User.

### FIXED GAUGE INFORMATION

<b>(SAMPLE) Ronan</b>	Model SA-1	7777777	500 mCi Cs-137
GAUGE MANUFACTURER	GAUGE MODEL NUMBER	GAUGE SERIAL NUMBER	SOURCES & ACTIVITY
<b>3 M 4D6L</b>	To measure level and/or density.		
SEALED SOURCE MANUFACTURER & SERIAL NUMBER	USE		

1.

GAUGE MANUFACTURER	GAUGE MODEL NUMBER	GAUGE SERIAL NUMBER	SOURCES & ACTIVITY
SEALED SOURCE MANUFACTURER & SERIAL NUMBER			

<sup>1</sup> Alternate RSO is optional, but not required.

**2.**

_____	_____	_____	_____
GAUGE MANUFACTURER	GAUGE MODEL NUMBER	GAUGE SERIAL NUMBER	SOURCES & ACTIVITY
_____			_____
SEALED SOURCE MANUFACTURER & SERIAL NUMBER			USE

**3.**

_____	_____	_____	_____
GAUGE MANUFACTURER	GAUGE MODEL NUMBER	GAUGE SERIAL NUMBER	SOURCES & ACTIVITY
_____			_____
SEALED SOURCE MANUFACTURER & SERIAL NUMBER			USE

**4.**

_____	_____	_____	_____
GAUGE MANUFACTURER	GAUGE MODEL NUMBER	GAUGE SERIAL NUMBER	SOURCES & ACTIVITY
_____			_____
SEALED SOURCE MANUFACTURER & SERIAL NUMBER			USE

**5.**

_____	_____	_____	_____
GAUGE MANUFACTURER	GAUGE MODEL NUMBER	GAUGE SERIAL NUMBER	SOURCES & ACTIVITY
_____			_____
SEALED SOURCE MANUFACTURER & SERIAL NUMBER			USE

**6.**

_____	_____	_____	_____
GAUGE MANUFACTURER	GAUGE MODEL NUMBER	GAUGE SERIAL NUMBER	SOURCES & ACTIVITY
_____			_____
SEALED SOURCE MANUFACTURER & SERIAL NUMBER			USE

**7.**

_____	_____	_____	_____
GAUGE MANUFACTURER	GAUGE MODEL NUMBER	GAUGE SERIAL NUMBER	SOURCES & ACTIVITY
_____			_____
SEALED SOURCE MANUFACTURER & SERIAL NUMBER			USE

**8.**

_____	_____	_____	_____
GAUGE MANUFACTURER	GAUGE MODEL NUMBER	GAUGE SERIAL NUMBER	SOURCES & ACTIVITY
_____			_____
SEALED SOURCE MANUFACTURER & SERIAL NUMBER			USE

For additional gauges, submit t a copy of the latest complete inventory.

**DOSIMETRY INFORMATION (NVLAP APPROVED)**

_____	_____	_____	_____
PROCESSOR NAME	TLD/FILM	EXCHANGE FREQUENCY	ACTION LEVEL
*If dosimetry is not used, submit the calculations to prove below 10% of allowable exposure.			

**SURVEY METER INFORMATION**

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

### ATTACHMENT CHECKLIST

- Check payable to *Nevada State Health Division* in the amount of   \$1,100   .
- Signed *RSO Delegation of Authority* form — [http://health.nv.gov/HCQC Radiological Forms.htm](http://health.nv.gov/HCQC_Radiological_Forms.htm)
- Description of *Emergency Procedures* (include phone numbers)— see [NAC 459.195](#)
- Diagram of facilities and equipment, including:
  - a. scale, ↑**N**, proximity of storage area to surrounding areas, and marked use (office, closet, hallway, etc.)
  - b. access control, specifically two tangible barriers to secure location of portable gauges in storage
- Radiation protection plan commensurate with the scope of the program — see [NAC 459.321](#)
  - a. Commit to wearing dosimetry when working near the gauge or routine maintenance.
  - b. Submit procedures for the safe use of gauges or commit to the manufactures instructions.
  - c. Policy and Procedure to describe Routine maintenance, and commit to non-routine maintenance performed by the manufacturer or equivalent.
  - d. Policy and Procedure to describe inventories and leak tests.
  - e. Policy and Procedure for sealed source disposal through manufacturer or specifically licensed facility.
- Written permission from property owner to store and use Radioactive Materials.
- Submit a copy of a State or County business license.

### 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. However, when the volume refers to a commitment to develop a policy, The Nevada Radiation Control Program requires the actual Policy and Procedure to be submitted with the application.
- When the application references commitments, those items become binding and are part of the license conditions and regulatory requirements.

### 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 and belief.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE