



Nevada Radiation Control Program



License Application for NON-Medical Use of Radioactive Materials

APPLICANT INFORMATION

NAME OF APPLICANT _____		NAME OF COMPANY OR BUSINESS _____	
STREET ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	PREVIOUS NV LICENSE NUMBER _____	Other State/NRC _____	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 _____	FAX NUMBER _____	E-MAIL ADDRESS _____
NAME OF INDIVIDUAL USER _____	TITLE _____	NAME OF INDIVIDUAL USER _____	TITLE _____
NAME OF INDIVIDUAL USER _____	TITLE _____	NAME OF INDIVIDUAL USER _____	TITLE _____

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

TYPE OF INSTRUMENT	HOW MANY	RAD TYPE	SENSITIVITY mR/h	WINDOW mg/cm ²	USE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
MAKE AND MODEL NUMBER		α, β, γ	RANGE	THICKNESS	MONITORING, SURVEYING, MEASURING
TYPE OF INSTRUMENT	CALIBRATION METHOD		CALIBRATION FREQUENCY	CALIBRATION STANDARDS USED	
_____	_____		_____	_____	
_____	_____		_____	_____	
_____	_____		_____	_____	
MAKE AND MODEL NUMBER					

PERSONNEL MONITORING-DOSIMETRY

TYPE	CALIBRATION METHOD ¹	PROCESSING METHOD ¹	BIOASSAY PROCEDURE ¹
FILM, TLD, ETC.	_____	_____	_____
Supplier ²	_____		
Frequency of exchange:	monthly	quarterly	

¹ if applicable

² must be NVLAP certified

Information to be submitted on additional sheets

ATTACHMENT CHECKLIST

- Check payable to *Nevada State Health Division* in the amount of \$ _____ -see [NAC 459.310](#)
- Signed *RSO Delegation of Authority* form — 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.
 - e. If transporting RAM; Commit to U.S. DOT regulations during transportation.
 - f. Policy and Procedure to describe transportations block/brace and two independent tangible barriers.
- 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.

PRINTED NAME OF APPLICANT

TITLE OF CERTIFYING OFFICIAL

SIGNATURE

DATE

TRAINING

TYPE OF TRAINING	NAME OF INDIVIDUAL				ON THE JOB		FORMAL COURSE	
	WHERE TRAINED	DURATION OF TRAINING						
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

TYPE OF TRAINING	NAME OF INDIVIDUAL				ON THE JOB		FORMAL COURSE	
	WHERE TRAINED	DURATION OF TRAINING						
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

TRAINING

TYPE OF TRAINING	NAME OF INDIVIDUAL				ON THE JOB		FORMAL COURSE	
	WHERE TRAINED	DURATION OF TRAINING						
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

TYPE OF TRAINING	NAME OF INDIVIDUAL				ON THE JOB		FORMAL COURSE	
	WHERE TRAINED	DURATION OF TRAINING						
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

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

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

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

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