



**ILLINOIS EMERGENCY MANAGEMENT AGENCY  
DIVISION OF NUCLEAR SAFETY  
1035 OUTER PARK DRIVE  
SPRINGFIELD, ILLINOIS 62704**

**EXPEDITED RENEWAL FORM FOR A RADIOACTIVE MATERIAL LICENSE FOR GAS CHROMATOGRAPH AND NON-PORTABLE X-RAY FLUORESCENCE ANALYZER**

Complete all items for renewal of a license. Use supplementary sheets where necessary. Retain one copy and submit the original and one copy of the entire application to the Illinois Emergency Management Agency.

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 32 Ill. Adm. Code 330. Disclosure of this information is required. The Agency requests that each application for license renewal be voluntarily submitted by the licensee at least 120 days prior to the expiration date on the license to be renewed. This request is not a requirement. Please be aware, however, that Agency rules require that an application for renewal of a specific license be filed with the Agency at least 30 days prior to the expiration date. This allows for licensed activities lawfully to continue beyond the expiration date pending Agency review of the renewal application, should such review extend beyond the expiration date. Failure to provide all requested information may result in denial of your application for radioactive material license renewal.

**ITEM 1. Type of Renewal Application** (Check all that apply). License Number \_\_\_\_\_

- Gas Chromatograph     Non-Portable X-Ray Fluorescence Analyzer (XRF)

**ITEM 2. Applicant's Name and Mailing Address**

(Applicant must be the legal entity or individual responsible for the license.)

**ITEM 3. Person authorized to act on behalf of licensee**

Phone #:	Phone #:
Fax #:	Fax #:
E-mail:	E-mail:

**ITEM 4. Address(es) Where Radioactive Material Will Be Used**     Stored     Used and Stored   

Phone #:	Phone #:

Request for TEMPORARY JOBSITES (≤ 180 days during any consecutive twelve-month period): Yes  No

(Check one block)

- The applicant owns the property/facility.  
 Letter from the facility/property owner is attached.

**ITEMS 5. through 18.**

For items 5. through 18. below, review your radiation protection program against the regulations, the license and the license conditions with all active amendments, your operating procedures and ALARA program to ensure that your program is reflective of current operations for the material to be used.

- |  |   |
|--|---|
| 5. Individual(s) Who Will Use Radioactive Material             | 12. General Rules for the Safe Use of Radioactive Material  |
| 6. Radiation Safety Officer (RSO)                              | 13. Emergency Procedure                                     |
| 7. Radioactive Material  | 14. Waste Disposal  |
| 8. Facilities and Equipment                                    | 15. Testing Sealed Sources for Leakage and/or Contamination |
| 9. Personnel Training Program                                  | 16. Instrumentation   |
| 10. Procedure for Ordering and Receiving Radioactive Material  | 17. Instrument Calibration and Operability Checks           |
| 11. Procedure for Safely Opening Radioactive Material Packages | 18. Personnel Monitoring                                    |

(Check one block)

- No changes to above items.
- No changes to above items except as noted in attachments  
(List items above that are attached: \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_).

**ITEM 19. Fees**

Please do not submit your fee payment. The licensee will be billed annually by the Agency for the appropriate fee category and number of job sites as specified in 32 Ill. Adm. Code 331.

Fee Category \_\_\_\_\_

**ITEM 20. Financial Assurance** (Check one)

The applicant must satisfy applicable financial assurance requirements as described in 32 Ill. Adm. Code 326.

- Exempt             Existing document reviewed – no changes necessary             Limiting condition applies
- Updated reclamation plan/cost estimate attached

**ITEM 21. Certification**

EACH APPLICANT MUST COMPLETE SECTION A:

A. I have reviewed the above items and hereby certify that my radiation protection program meets the current 32 Ill. Adm. Code, radioactive materials license with active amendments, operating procedures and ALARA Program, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

(Print or Type)

COMPLETE THIS SECTION IF THE APPLICANT IS AN INDIVIDUAL:

B. If you are applying as an individual, rather than as a corporation or other legal entity, you must provide the following information in order to process your application:

Have you defaulted on an educational loan guaranteed by the Illinois Student Assistance Commission? Yes  No

I certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order. Failure to certify may result in a denial of the license and making a false statement may subject you to contempt of court. (5 ILCS 100/10-65)

I declare that all information either included with or appearing on this application is accurate and true to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SOCIAL SECURITY NUMBER: \_\_\_\_\_