



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

**APPLICATION FORM FOR RADIOACTIVE MATERIAL
LICENSE FOR INDUSTRIAL RADIOGRAPHY**

Complete all items if this is an initial application or 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. Failure to provide any information may result in denial of a radioactive material license. This form has been approved by the State Forms Management Center.

ITEM 1. Type of application (Check one)

NEW LICENSE RENEWAL AMENDMENT Radioactive Material License # _____

ITEM 2. Applicant's Name and Mailing Address

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

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

ITEM 3. Person to Contact Regarding This Application:

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

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

| | |
|----------|----------|
| | |
| | |
| | |
| | |
| Phone #: | Phone #: |

Request for TEMPORARY JOB SITES (\leq 180 days during any consecutive twelve-month period): Yes No

ITEM 5. Radiation Safety Officer (RSO)

Name: _____
 (Attach Evidence of Training and Experience)

ITEM 6. Radioactive Material

| | | |
|-------------------------------|---------------|---------------|
| Element and Mass Number | | |
| Chemical and Physical Form | Sealed Source | Sealed Source |
| Source Manufacturer and Model | | |
| Maximum Activity per Source | | |
| Number of Sources Requested | | |
| Device Manufacturer and Model | | |

| | | |
|--------------|--|--|
| Intended Use | | |
|--------------|--|--|

ITEM 7. Instrumentation

Completed Exhibit B from Instructional Set 87.0 dated September 1996 or equivalent is attached.

ITEM 8. Instrument Calibration and Operability Checks (Check one)

- Radiation survey instruments will be calibrated by a service company authorized to perform such services. We will maintain a copy of the company's license authorizing such services.
- We will calibrate radiation survey instruments in accordance with the attached procedures, which contain all information requested in Appendix C of Instructional Set 87.0 dated September 1996.

ITEM 9. Facilities and Equipment

- Diagrams of radioactive material use and storage areas are attached.
- Letter from the facility/property owner is attached.
- The applicant/licensee owns the property/facility.

ITEM 10. Personnel Training Program

Description of training program, including frequency, form and duration is attached.

ITEM 11. Procedure for Ordering and Receiving Radioactive Material

Procedure for ordering and receiving radioactive material is attached.

ITEM 12. Procedure for Safely Opening Radioactive Material Packages (Check one)

- We will use the procedure identified in Appendix G of Instructional Set 87.0 dated September 1996.
- Procedure is attached.

ITEM 13. Operating and Emergency Procedures

Procedure is attached.

ITEM 14. Testing Sealed Sources for Leakage and/or Contamination (Check one)

- We will use a commercial service to perform analysis of leakage and/or contamination samples. We will maintain a copy of the commercial services license authorizing such services.
- We will perform our own analysis of source leakage and/or contamination. Procedure is attached.

ITEM 15. Internal Audit Program (Check one)

Procedure is attached.

ITEM 16. Waste Disposal (Check one)

- We will use the manufacturer or other commercial service for disposal or transfer of our sealed sources. We will maintain a copy of the commercial services license authorizing such services.
- Alternate disposal methods are detailed in an attachment to this application.

ITEM 17. Personnel Monitoring (Check all that apply)

| TYPE | LOCATION | EXCHANGE FREQUENCY |
|-------------------------------|--|--------------------|
| <input type="checkbox"/> Film | <input type="checkbox"/> Whole body <input type="checkbox"/> Extremity | _____ |
| <input type="checkbox"/> TLD | <input type="checkbox"/> Whole body <input type="checkbox"/> Extremity | _____ |
| <input type="checkbox"/> OSL | <input type="checkbox"/> Whole body <input type="checkbox"/> Extremity | _____ |

- Direct reading dosimeters will be used and calibrated in accordance with Appendix I of Instructional Set 87.0 dated September 1996.
- Direct reading dosimeter use and calibration procedure is attached.
- Alarming Ratemeter use and calibration procedure is attached.



ITEM 18. License Fees (Refer to 32 Ill. Adm. Code 331)

Please do not submit your fee payment. New applicants will be billed a prorated fee for the portion of the billing year remaining from the date the application is received. Licensees adding sites or changing fee categories will be billed when the license is amended. Existing licensees and applicants are also subject to annual bills as specified in 32 Ill. Adm. Code 331.

Fee Category _____

ITEM 19. Financial Assurance

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

NEW APPLICANT (Check one)

Exempt \$25,000 arrangement will be provided at a later date Reclamation plan/cost estimate attached

RENEWAL OR AMENDMENT (Check one)

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

ITEM 20. 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: _____