IEMA-OHS OFFICE OF NUCELAR SAFETY
1035 OUTER PARK DRIVE
SPRINGFIELD, ILLINOIS 62704

Expedited Renewal Form for a Portable Gauge Radioactive Material License

Complete all items for renewal of a license. Use supplementary sheets where necessary. Retain one copy and submit the original application to the IEMA-OHS Office of Nuclear Safety.

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. 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 issuance or renewal.

Item 1. This is an application for:

Expedited Renewal of License Number: Licensee Name:

Item 2. Applicant's name and mailing address
Applicant must be the legal entity or individual responsible for the license.

Applicant's Name *(if different from above)*:	
Address:	Email:
City, State, Zip:	Phone:

☐ Illinois Secretary of State Registration, *or a similar registration in another state*, is Attached

Item 3. Address where radioactive material will be either: Used(only), Stored(only), or <u>Both</u>
If additional space is required, submit an attachment with the information required.

☐ There are no changes to areas of use or storage as identified in the current license.
OR AREA(S) OF USE OR STORAGE ARE PROVIDED BELOW:

Site Address(es):	How will radioactive material be used at this Location:	☐ The Applicant owns the property/facility.
City, State, Zip:	☐ Used ☐ Stored ☐ Both Used and Stored	☐ The Applicant does not own the property. Attach letter signed by facility/owner acknowledging use/storage of RAM at this location
		☐ Site is subject to 32 Ill. Adm. Code Part 337
Contact Name:	Phone:	Email:

Item 4. Person(s) authorized to act on behalf of licensee
If additional space is required, submit an attachment with the information required. Indicate if changes to person(s) previously authorized are needed.

Name:	Title:
Address:	Email:
City, State, Zip:	Phone:

☐ Full time employee of licensee **OR** ☐ Position and/or Relationship to the licensee:

If any individual listed above is unknown to the Agency (not listed on any license previously), complete the *Release and Authorization Full Due Diligence Form* to expedite processing of the application.
IEMA Consent for Background Check (illinois.gov)

Items 5.1 And 6: Materials Possessed and Proposed Uses	☐ No Changes	☐ Changes Attached

Item 5.2: Financial Assurance

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 7. Individual(s) Responsible for Radiation Safety Program and Their Training and Experience

Item 7.1 Radiation Safety Officer (RSO)	☐ No Changes	☐ Changes Attached

Item 8. Training for Individuals Working in or Frequenting Restricted Areas (Authorized Users)

☐ AUs listed on the current license are unchanged. Specify the amendment number
OR
☐ Documentation is attached detailing the addition, removal and/or change in requested authorizations for AUs
AND
☐ Evidence of their training and experience relative to radioactive material use are specified in an attachment to this application.

Item 9. Facilities and Equipment	☐ No Changes	☐ Changes Attached

Item 10. Radiation Safety Program

Item 10.1 Audit Program	☐ No Changes	☐ Changes Attached
Item 10.2 Radiation Monitoring Instruments	☐ No Changes	☐ Changes Attached
Item 10.3 Material Receipt and Accountability	☐ No Changes	☐ Changes Attached
Item 10.4 Occupational Dose	☐ No Changes	☐ Changes Attached
Item 10.5 Public Dose	☐ No Changes	☐ Changes Attached
Item 10.6 Operating, Emergency, and Security Procedures	☐ No Changes	☐ Changes Attached
Item 10.7 Leak Tests	☐ No Changes	☐ Changes Attached
Item 10.8 Maintenance	☐ No Changes	☐ Changes Attached
Item 10.10 Fixed Gauges Used at Temporary Job Sites	☐ No Changes	☐ Changes Attached
Item 10.11 Security Program for Category 1 and Category 2	☐ No Changes	☐ Changes Attached

NOTE: Do NOT submit plans or procedures required under 32 Ill. Adm. Code Part 337 to the Agency with this application. These items will be reviewed during routine inspections.

Item 11. Waste Management – Gauge Disposal and Transfer	☐ No Changes	☐ Changes Attached

Item 12. License Fees (Refer to 32 Ill. Adm. Code 331)

☐ Not Applicable (Agency of a State, County or Municipality Government or an Educational Institution as defined in 32 Ill. Adm. Code 331.110)

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: (See Appendix E of 32 Ill. Adm. Code Part 331 for fee categories)

ITEM 13. Certification:
Every 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:

Title: Applicant's FEIN:

Complete Section B *only* 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: _____ Social Security Number:

Title: Date:

If the applicant is an individual and is unknown to the Agency (not listed on any license previously), complete the *Release and Authorization Full Due Diligence Form* to expedite processing of the application.
IEMA Consent for Background Check (illinois.gov)