

**DIVISION OF PUBLIC HEALTH - RADIOACTIVE MATERIALS PROGRAM  
APPLICATION FOR RADIOACTIVE MATERIAL LICENSE**

INSTRUCTIONS - (Use additional sheets where necessary.)

New or Renewal Application - Complete Items 1. through 15.

Amendment to License - Complete Items 1.a, 3., and 15. And indicate other changes as appropriate.

Retain one copy for your files and submit original application to: Department of Health and Human Services, Division of Public Health, Radiological Health, 301 Centennial Mall South, P.O. Box 95026, Lincoln, NE 68509-5026.

Upon approval of this application, the applicant will receive a Radioactive Material License, issued in accordance with the requirements contained in Title 180, Regulations for the Control of Radiation and the Nebraska Radiation Control Act.

<p><b>1.a Legal Name and Street address of Applicant (Institution, Firm, Person, etc.)</b></p> <p>Applicant Name: _____</p> <p>Address: _____</p> <p>City, State Zip +4: _____</p> <p>Telephone #: _____</p> <p>FAX #: _____</p> <p>E-Mail Address: _____</p>							
<p><b>1.b Street address(es) at which Radioactive Material will be used. (If different than 1.a)</b></p> <p>(1) Permanent Address: _____</p> <p>City, State Zip+4: _____</p> <p>(2) Temporary Job Sites Throughout Nebraska?      Yes      No</p>							
<p><b>2. Department to Use Radioactive Material</b></p> <p>_____</p> <p>Person to Contact: _____</p> <p>Telephone #: _____</p>	<p><b>3. This is an application for:</b></p> <p><input type="checkbox"/> New License</p> <p><input type="checkbox"/> Amendment to License No. _____</p> <p><input type="checkbox"/> Renewal of License No. _____</p>						
<p><b>4. Individual User(s)</b></p> <p><input type="checkbox"/> Individual users approved by the Licensee's radiation safety committee.</p> <p><input type="checkbox"/> Individual users approved by the Licensee's radiation safety officer.</p> <p><input type="checkbox"/> Individual users satisfy the requirements of 180 NAC 3-013</p> <p>OR</p> <p><input type="checkbox"/> Name and Title of individual(s) who will use or directly supervise use of, Radioactive Materials. Give training and experience in Items 7. And 8.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"><u>First Name + Middle Initial</u></td> <td style="width: 33%; border-bottom: 1px solid black;"><u>Last Name</u></td> <td style="width: 33%; border-bottom: 1px solid black;"><u>Title</u></td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	<u>First Name + Middle Initial</u>	<u>Last Name</u>	<u>Title</u>				<p><b>5. Radiation Safety Officer (RSO)</b> (Name and Title of Individual designated as Radiation Safety Officer.)</p> <p>_____</p> <p>Telephone #: _____</p> <p>Attach documentation of his/her training and experience as in Items 7. and 8.</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <p><b>*Department Use Only*</b></p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <p><b>Date Received Stamp</b></p> </div>
<u>First Name + Middle Initial</u>	<u>Last Name</u>	<u>Title</u>					

**6. Radioactive Material Data**

Type B Broad Scope, 180 NAC 3-013.01, item 2

Type C Broad Scope, 180 NAC 3-013.01, item 3

Specific License, Radioactive Material Listed below:

6.a. Element and Mass Number	6.b. Chemical or Physical Form (Make and Model of sealed source)	6.c. Maximum Activity Requested (Expressed as Curies, Millicuries or Microcuries)	6.d. Use of Each Form (If sealed source, also give Make and Model Number of the storage and/or device in which sealed source will be stored and/or used)

**7. Training of Individuals in Items 4. and 5.**

Name of Individual:

	Formal Course Title	Location and Date(s) of Training	Clock Hours in Lecture or Laboratory
7.a. Radiation Physics and Instrumentation			
7.b. Radiation Protection			
7.c. Mathematics Pertaining to the Use and Measurement of Radioactivity			
7.d. Biological Effects of Radiation			

**8. Experience with Radiation of Individuals in Items 4. and 5.**

(Actual use of Radioisotopes or Equivalent Experience)

Name of Individual:

Isotope	Maximum Activity	Where Experience Was Gained	Months/Years	Type of Use

<b>9. Radiation Detection Instruments</b>					
Type of Instrument	Manufacturers Name	Model Number	Number Available	Radiation Detected	Sensitivity Range
<b>10. Calibration of Instruments Listed in Item 9.</b>					
<input type="checkbox"/> <b><u>a. Calibrated by Service Company</u></b> Name and Address of Service Company and Frequency of Calibration			<input type="checkbox"/> <b><u>b. Calibrated by Applicant</u></b>		
<b>11. Personnel Monitoring Devices</b> (Check and/or complete as appropriate)					
Type	Supplier (Service Company)	Exchange Frequency			
<input type="checkbox"/> Film Badge <input type="checkbox"/> TLD <input type="checkbox"/> DOSL <input type="checkbox"/> Other (Specify) <input type="checkbox"/> _____		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (specify) _____			

<b>Information to be Submitted on Additional Sheets</b>
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**12. Facilities and Equipment**

Describe laboratory facilities and remote handling equipment, storage containers, shielding, fume hoods, etc. Attach an explanatory sketch of the facility.

**13. Radiation Protection Program**

Describe the radiation protection program as appropriate for the material to be used, including: the duties and responsibilities of the Radiation Safety Officer (RSO); control measures; bioassay procedures (if needed); day-to-day general safety instructions to be followed; etc. If the application is for sealed sources also submit leak testing procedures, or if leak testing will be performed using a leak test kit, specify manufacturer and model number of the leak test kit.

**14. Waste Disposal**

If a commercial waste disposal service is employed, specify the name and address of the company. Otherwise, submit a detailed description of methods which will be used for disposing of radioactive wastes and estimates of the type and amount of activity involved. If the application is for sealed sources and devices and they will be returned to the manufacturer, so state.

**15. CITIZENSHIP ATTESTATION**

- It is not necessary to complete the Attestation part of this application below if the application is for a corporation or other separate legal entity. **Explain why:** (For example: This application is for a corporation, partnership, etc.) \_\_\_\_\_  
OR
- If the entity is owned by an individual, complete the United States Citizenship Attestation Form below.**

**UNITED STATES CITIZENSHIP ATTESTATION FORM**

For the purpose of complying with Neb. Rev Stat. §§. 4-108 through 4-114, I attest as follows:

- I am a citizen of the United States OR
- I am a qualified alien under the Federal Immigration and Nationality Act, my Immigration status and alien number are as follows: \_\_\_\_\_ and I am providing a copy of my USCIS documentation.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

\_\_\_\_\_  
Name (type or print first, middle, last)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**16. CERTIFICATION**  
**(This item must be completed by applicant.)**

The applicant and any official executing this document on behalf of the applicant named in Item 1.a., certify that this application is prepared in conformity with the Nebraska Department of Health and Human Services , Title 180, Regulations for the Control of Radiation and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief. I am authorized to make binding commitments and to sign official documents on the behalf of the applicant.

\_\_\_\_\_  
*Applicant Name From Item 1.a.*

By: \_\_\_\_\_  
*Signature*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Print Name and Title of certifying official authorized to act on behalf of the applicant*

**Your Application will not be processed without items 15 and 16 being completed.**