



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

**APPLICATION FORM FOR RADIOACTIVE MATERIAL LICENSE FOR GAS
 CHROMATOGRAPHS AND NON-PORTABLE X-RAY FLUORESCENCE ANALYZERS**

Complete all items if this is an initial application 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. 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.)

ITEM 3. Person to Contact Regarding This Application:

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

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

Phone #:	Phone #:

ITEM 5. Individual(s) Who Will Use Radioactive Material

List names and requested uses of material. (Attach evidence of appropriate Training and Experience).

Name: _____	Use: _____

ITEM 6. Radiation Safety Officer (RSO)

(Attach evidence of Training and Experience)

Name: _____

Phone #: _____

- Duties are as stated in Appendix C of Instructional Set 29.8 dated June 1995.
- Duties and responsibilities are attached.

ITEM 7. Radioactive Material

Information		
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 8. Facilities and Equipment

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

ITEM 9. Personnel Training Program

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

ITEM 10. Procedure for Ordering and Receiving Radioactive Material

- Procedure for ordering and receiving radioactive material is attached.

ITEM 11. Procedure for Safely Opening Radioactive Material Packages (Check one)

- We will use the procedure identified in Appendix E of Instructional Set 29.8 dated June 1995.
- Procedure is attached.

ITEM 12. General Rules for the Safe Use of Radioactive Material

- We will use the procedure identified in Appendix E of Instructional Set 29.8 dated June 1995.
- Procedure is attached.
- Procedure for exchange of source is attached.

ITEM 13. Emergency Procedure

- We will use the procedure identified in Appendix G of Instructional Set 29.8 dated June 1995.
- Procedure is attached.

ITEM 14. Waste Disposal or Transfer (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 service's license authorizing such services.
- Alternate disposal methods are detailed in an attachment to this application.

ITEM 15. 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 service's license authorizing such services.
- We will perform our own sample analysis for source leakage and/or contamination. Procedure is attached, which contains all information requested in Appendix H of Instructional Set 29.8 dated June 1995.

Note: Information for items 16, 17 & 18 are not submitted. We are not requesting authorization to remove, exchange, or install sources.

ITEM 16. Instrumentation

- Complete Exhibit B from Instruction Set 29.8 dated June 1995 or equivalent is attached.

ITEM 17. 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 I of Instructional Set 29.8 dated June 1995.

ITEM 18. Personnel Monitoring (Check all that apply)

TYPE	EXCHANGE FREQUENCY	FILM	TLD	OSL
<input type="checkbox"/> Whole body	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Extremity	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ITEM 19. 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 20. 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 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: _____