



**RADIOACTIVE MATERIALS BRANCH
RADIATION PROTECTION SECTION**

APPLICATION FOR ACCELERATOR LICENSE

(RPS USE ONLY)

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LN _____

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INSTRUCTIONS: Complete Items 1 through 16, using additional sheets as necessary. Refer to the appropriate licensing guide for instruction concerning completing this form. Item 16 **MUST** be completed on all applications. Mail **ONE** copy to: **Branch Manager, Radioactive Materials Branch, Radiation Protection Section, 1645 Mail Service Center, Raleigh, NC 27699-1645**. Upon approval of this application, the applicant will receive an Accelerator License issued in accordance with the requirements contained in Chapter 104E of the General Statutes and Chapter 11, Title 15A of the North Carolina Administrative Code.

<p>1.(a) NAME AND MAILING ADDRESS OF APPLICANT</p> <p>(b) TELEPHONE NUMBER () -</p> <p>(c) FACSIMILE NUMBER () -</p> <p>(e) E-MAIL ADDRESS*</p> <p><i>*This address should be for the <u>primary point of contact</u> for the applicant</i></p>	<p>1.(d) PHYSICAL ADDRESS AT WHICH THE ACCELERATOR(S) WILL BE USED</p>
<p>2. DEPARTMENT(S) TO USE ACCELERATOR</p>	<p>3. THIS APPLICATION IS FOR (check one):</p> <p><input type="checkbox"/> NEW LICENSE</p> <p><input type="checkbox"/> RENEWAL OF LICENSE NO.</p> <p><input type="checkbox"/> REACTIVATION OF LICENSE NO.</p>
<p>4. INDIVIDUAL USER(S)</p>	<p>5. RADIATION PROTECTION(SAFETY) OFFICER</p>

SUBMIT ITEMS 6 THROUGH 15 ON 8½"x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION IS DESCRIBED IN THE LICENSING GUIDE.

CHECK THE TYPE OF LICENSE YOU ARE APPLYING FOR:

- | | | |
|--|---|--|
| <input type="checkbox"/> HOSPITAL-BASED MEDICAL* | <input type="checkbox"/> CYCLOTRON | <input type="checkbox"/> RESEARCH |
| <input type="checkbox"/> NON-HOSPITAL BASED MEDICAL* | <input type="checkbox"/> INDUSTRIAL RADIOGRAPHY | <input type="checkbox"/> INSTALLATION ONLY |
| <input type="checkbox"/> INDUSTRIAL/NON-MEDICAL | <input type="checkbox"/> OTHER (describe) | |

** Medical means the accelerator will be used by physicians in the treatment of humans*

SUBMIT ITEMS 6 THROUGH 15 ON 8½"x 11" PAPER. THE TYPE AND SCOPE OF INFORMATION IS DESCRIBED IN THE LICENSING GUIDE.

<p>6.(a) MANUFACTURER INFORMATION (Name, Model No., etc.)</p>	<p>(b) MAXIMUM ENERGY (in MeV), EFFECTIVE ENERGY (in MeV), AND RADIATION OUTPUT (Rad/min) AT ONE METER</p>
<p>7. DESCRIBE THE PURPOSE FOR WHICH THE ACCELERATOR(S) WILL BE USED. (If accelerator is for "human use," then Supplement A (Preceptor Statement) <u>MUST</u> be completed in addition to this item).</p>	
<p>8. TRAINING OF EACH INDIVIDUAL NAMED IN ITEM 4.</p>	<p>9. EXPERIENCE WITH RADIATION (Actual use of accelerator(s) or equivalent experience)</p>
<p>10. RADIATION DETECTION INSTRUMENTS AVAILABLE FOR USE.</p>	<p>11. METHOD, FREQUENCY, AND STANDARDS USED IN CALIBRATING INSTRUMENTS LISTED IN ITEM 10.</p>
<p>12. FILM BADGES, TLD's, DOSIMETERS</p>	<p>13. FACILITIES AND EQUIPMENT</p>
<p>14. RADIATION PROTECTION PROGRAM</p>	<p>15. WASTE DISPOSAL</p>

CERTIFICATION (MUST be completed by the applicant. See licensing guide for detailed instructions)

16. **The applicant and any official executing this certificate on behalf of the applicant named in Item 1, certify that all information contained herein, including any supplements attached hereto, has been prepared in conformity with all applicable North Carolina Laws and Regulations and is true and correct to the best of our knowledge and belief.**

BY: _____

Signature of Certifying Official

Date Signed

Printed Name and Title of Certifying Official