



**RADIOACTIVE MATERIALS BRANCH
RADIATION PROTECTION SECTION**

(RMB USE ONLY)

D _____

LN _____

R _____

APPLICATION FOR RADIOACTIVE MATERIALS LICENSE

INSTRUCTIONS: Complete Items 1 through 16, using additional sheets as necessary. Refer to the accompanying 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 a Radioactive Materials 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.

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

CHECK THE TYPE AND CATEGORY OF LICENSE YOU ARE APPLYING FOR:

TYPE (check one only)

- | | | |
|-----------------------------------|---|-----------------------------------|
| <input type="checkbox"/> MEDICAL* | <input type="checkbox"/> INDUSTRIAL/NON-MEDICAL | <input type="checkbox"/> ACADEMIC |
|-----------------------------------|---|-----------------------------------|

CATEGORIES (check one only)

- | | | |
|---|---|---|
| <input type="checkbox"/> BROAD SCOPE | <input type="checkbox"/> PORTABLE NUCLEAR GAUGE | <input type="checkbox"/> SERVICE/CONSULTANT |
| <input type="checkbox"/> HOSPITAL-BASED | <input type="checkbox"/> FIXED NUCLEAR GAUGE | <input type="checkbox"/> MANF. and/or DISTRIBUTION |
| <input type="checkbox"/> NON HOSPITAL BASED | <input type="checkbox"/> INDUSTRIAL RADIOGRAPHY | <input type="checkbox"/> IRRADIATOR (including panoramic) |
| <input type="checkbox"/> OTHER (describe) | | |

** Medical means that the radioactive materials will be used by physicians in the treatment or diagnosis of humans*

IN ORDER TO COMPLETE THIS LICENSE APPLICATION YOU WILL NEED TO OBTAIN THE APPROPRIATE LICENSING GUIDE. [CLICK HERE](#) TO BE DIRECTED TO THE LICENSING GUIDANCE PAGE

6.(a) RADIOACTIVE MATERIAL (Element and mass number of each)	(b) CHEMICAL AND/OR PHYSICAL FORM AND MAXIMUM NUMBER OF MILLICURIES OF EACH FORM THAT YOU WILL POSSESS AT ANY ONE TIME (If sealed source(s), also state the manufacturer, model number and number of sources)
7. DESCRIBE THE PURPOSE FOR WHICH RADIOACTIVE MATERIAL WILL BE USED. (If radioactive material is for "human use," then Supplement A (Preceptor Statement) MUST be completed in addition to this item).	
8. TRAINING OF EACH INDIVIDUAL NAMED IN ITEM 4.	9. EXPERIENCE WITH RADIATION (Actual use of radioisotopes or equivalent experience)
10. RADIATION DETECTION INSTRUMENTS AVAILABLE FOR USE.	11. METHOD, FREQUENCY, AND STANDARDS USED IN CALIBRATING INSTRUMENTS LISTED IN ITEM 10.
12. FILM BADGES, TLD's, DOSIMETERS, AND BIOASSAY PROCEDURES USED	13. FACILITIES AND EQUIPMENT
14. RADIATION PROTECTION PROGRAM	15. WASTE DISPOSAL

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