



APPLICATION FOR RADIOACTIVE MATERIAL LICENSE

North Dakota Department of Health
Radiation Control Program
SFN 8418 2/06

INSTRUCTIONS:

Complete all items for an initial or renewal application. See the appropriate License Application Guide for detailed instructions on completing the application.

MAIL ONE COPY TO:

North Dakota Department of Health
Air Quality Division, 2nd Floor
918 East Divide Ave.
Bismarck, ND 58501-1947
Phone: 701-328-5188
Fax: 701-328-5185

1. (a) Name of Applicant (Institution, Firm, Hospital, Person, etc.)			
Address	City	State	Zip Code
1. (b) Address of Radioactive Material Use (if different from above)	City	State	Zip Code
2. Department to Use Radioactive Material (Attach organizational chart(s) showing corporate structure with the names of personnel responsible for radioactive material.)			
3. Previous License Number(s) (If this is an application for renewal of a license, please indicate and give number.)			
4. Authorized User(s) (Name and title of individual(s) who will use or directly supervise use of radioactive materials) Complete page 2; Training and Experience for each user.			
5. Radiation Safety Officer (Name of person designated as radiation safety officer) Complete page 2; Training and Experience for RSO.			
6. (a) Radioactive Material (Elements and mass number of each)			
6. (b) Chemical and/or Physical Form and Maximum Quantity of Each Chemical and/or Physical Form That You Will Possess at Any One Time (If sealed sources(s), also state name of manufacturer, model number, number of sources and maximum activity per source.)			
7. Describe Purpose for Which Radioactive Material Will Be Used. (If radioactive material is for "human use", applicant must demonstrate that they meet the training and experience requirements of Chapter 33-10-07.1 of the North Dakota Radiological Health Rules. If radioactive material is in the form of a sealed source, include make and model number of the storage container and/or device in which the source will be stored and/or used.)			

TRAINING AND EXPERIENCE

MAKE ADDITIONAL COPIES OF THIS PAGE FOR EACH AUTHORIZED USER/RSO.

Name and title of User			Check box if this is the RSO <input type="checkbox"/>			
8. Type of Training	Where Trained	Duration of Training	On the Job		Formal Course	
			Yes	No	Yes	No
a. Principles and practices of radiation protection						
b. Radioactivity measurement standardization and monitoring techniques and instruments						
c. Mathematics and calculations basic to the use and measurement of radioactivity						
d. Biological effects of radiation						
9. Experience With Radiation (Actual use of radioisotopes or equivalent experience.)						
Isotope	Maximum Amount	Where Experienced Was Gained	Duration of Experience	Type of Use		

10. Radiation Detection Instruments (Use supplemental sheets if necessary.)					
Type of Instruments (Include make and model of each)	Number Available	Radiation Detection	Sensitivity Range (mr/hr)	Window Thickness (mg/cm ²)	Use (Monitoring, Surveying, Measuring)
11. Method, Frequency, and Standards Used in Calibrating Instruments Listed Above.					
12. Film Badges, Dosimeters, and Bio-assay Procedures Used (For film badges, specify method of calibrating and processing, or name of supplier.)					

COMPLETE ITEMS 13-15 ON ADDITIONAL SHEETS AS NECESSARY:

<p>13. Facilities and Equipment</p> <p>Describe facilities and remote handling equipment, storage containers, shielding, fume hoods, etc. Attach explanatory sketch of facility.</p>
<p>14. Radiation Protection Program</p> <p>Describe the radiation protection program including control measures. If application covers sealed sources, submit leak testing procedures where applicable. Name, training, and experience of person to perform leak tests and arrangements for performing initial radiation survey, servicing, maintenance and repair of the source should also be provided.</p>
<p>15. Waste Disposal</p> <p>If a manufacturer or commercial waste disposal service is employed, specify name of company. Otherwise, submit detailed description of methods which will be used for disposing of radioactive wastes and estimates of the type and amount of activity involved.</p>

**CERTIFICATE
(THIS ITEM MUST BE COMPLETED BY APPLICANT)**

16. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH NORTH DAKOTA DEPARTMENT OF HEALTH RADIOLOGICAL HEALTH RULES AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

Signature	Date
Printed Name	
Title of Certifying Official Authorized to Act on Behalf of the Applicant	
Person to be contacted regarding this application	Telephone Number
	Fax Number
	Email