

ARKANSAS DEPARTMENT OF HEALTH  
 Application for Particle Accelerator License  
 Academic, Industrial, Industrial Radiography, Wireline Services

*See attached instructions for details. Mail two signed copies to: Division of Radiation Control and Emergency Management Programs, Arkansas Department of Health, Little Rock, Arkansas 72201. Upon approval of this application, the applicant will receive a Particle Accelerator License. A Particle Accelerator License is issued in accordance with the general requirements contained in Section 6, Particle Accelerators, and the License is subject to Section 6 and Section 3, Standards for Protection Against Radiation of the Arkansas Rules and Regulations for Control of Sources of Ionizing Radiation.*

1. NAME AND ADDRESS OF APPLICANT (Institution, Firm, Person, etc.)	2. STREET ADDRESS(ES) AT WHICH ACCELERATOR WILL BE USED (If different from Item 1. Include Zip)
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3. NAME OF PERSON TO BE CONTACTED REGARDING APPLICATION  <hr style="width: 80%; margin-left: 0;"/> Area Code - Telephone No. - Extension	4. THIS IS AN APPLICATION FOR: (Check Appropriate Item)  <input type="checkbox"/> a. New License  <input type="checkbox"/> b. Amendment to License No. _____  <input type="checkbox"/> c. Renewal of License No. _____
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5. DEPARTMENT TO USE ACCELERATOR(S)	
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6. Individuals who will use or directly supervise use of accelerator(s). (See Items 17 and 18 for required training and experience of each individual named below.)

FULL NAME	TITLE
a.	
b.	
c.	
d.	

7. RADIATION PROTECTION OFFICER

Name

Area Code - Telephone No. - Extension

- a. Attach a list of individual's duties and authority.
- b. Attach a resume of individual's training and experience as outlined in Items 17 and 18.

8. PARTICLE ACCELERATOR(S) *(Attach supplementary pages, if necessary)*

a. Identification of accelerator(s)

	Manufacturer	Model Number	Type Accelerator	Number Available	Purpose
1.					
2.					
3.					
4.					

b. Operating characteristics of accelerator(s)

	Operating Modalities Available	Modalities Used	Maximum Energy for Each Modality	Radioactive Target Material			
				Isotope	Activity	Manufacturer	Model
1.							
2.							
3.							
4.							

9. RADIATION DETECTION INSTRUMENTS *(Attach supplementary pages, if necessary)*

	Type of Instrument	Manufacturer	Model	Number Available	Type Radiation Detected	Sensitivity Range	Purpose
1.							
2.							
3.							
4.							

If accelerator(s) capable of producing neutrons and no neutron detection instruments are listed, description of method used to evaluate neutron radiation levels attached.

When submitting a copy of Operating Procedures, Radiation Safety Manual, or other related document in answer to any question listed below, each item addressed MUST BE referenced to its location in the Manual.

10. Calibration of Instruments Listed in Item 9	c. Special use or handling equipment
a. X- and Gamma- Radiation Detectors	<input type="checkbox"/> Equipment description attached
<input type="checkbox"/> Appendix A form attached	<input type="checkbox"/> Found in manual pp. _____
<input type="checkbox"/> Procedures found in manual pp. _____	<input type="checkbox"/> Not applicable
b. Neutron detection instruments	12. Management Controls
<input type="checkbox"/> Calibration procedures attached	<input type="checkbox"/> Description attached according to guide
<input type="checkbox"/> Procedures found in manual pp. _____	<input type="checkbox"/> Found in manual pp. _____
<input type="checkbox"/> Not applicable	13. Operating and Emergency Procedures
11. Facility and Equipment	<input type="checkbox"/> Appendix B form and copy of procedures attached
a. Permanent facilities	14. Training Program
<input type="checkbox"/> Description and annotated drawing attached	<input type="checkbox"/> Description of training program attached
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Description in manual pp. _____
b. Temporary site storage	15. Special considerations for licensees
<input type="checkbox"/> Description and/or drawing attached	<input type="checkbox"/> Appendix C form attached
<input type="checkbox"/> Found in manual pp. _____	
<input type="checkbox"/> Not applicable	

16. PERSONNEL MONITORING DEVICES

Type	Supplier (Name, Address, Registration Number)	Exchange Frequency
<input type="checkbox"/> Film <input type="checkbox"/> Thermoluminescent dosimeter (TLD) <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (specify) _____

Pocket Dosimeters/Pocket Ionization Chambers

Manufacturer	Model Number	Number Available	Range of Scale Reading	Procedures attached for <input type="checkbox"/> calibration and use of pocket chambers <input type="checkbox"/> Procedures in manual pp. _____ <input type="checkbox"/> Not applicable

17. FORMAL TRAINING IN RADIATION SAFETY

Detailed description of training in radiation safety for each individual listed in Items 6 and 7 attached.

18. EXPERIENCE

Detailed description of experience in working with radiation or particle accelerators for each individual named in Items 6 and 7 attached.

19. CERTIFICATE

(This item MUST BE completed by the applicant.)

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, is true and correct to the best of our knowledge and belief.

a. Certifying Official (signature)

b. Name (type or print)

c. Title

d. Date