**Instructions** - Complete Items 1 through 20 if this is an initial application or an application for renewal of a license. Use supplemental sheets when necessary. Item 20 must be completed on all applications and signed. Keep one copy. Submit original and one copy to: Arkansas Department of Health, Radiation Control Section, 4815 West Markham, Slot 30, Little Rock, AR 72205. 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. (a) NAME AND ADDRESS OF APPLICANT (institution, firm, hospital, etc.)
   
   Phone __________________________

2. PERSON TO CONTACT REGARDING THIS APPLICATION

   Phone __________________________

3. THIS IS AN APPLICATION FOR:
   (check appropriate item)
   - a. New License
   - b. Amendment to License No. __________________________
   - c. Renewal of License No. __________________________

4. INDIVIDUAL PHYSICIAN - USERS (Attach supplementary sheets, if necessary)
   A. __________________________
   B. __________________________
   C. __________________________

5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as Radiation Safety Officer)

6. PARTICLE ACCELERATOR (S) (attach supplementary pages, if necessary)
   a. Identification

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Model Number</th>
<th>Number Available</th>
<th>Purpose of Use</th>
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</thead>
<tbody>
<tr>
<td>(1.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2.)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(3.)</td>
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<tr>
<td>(4.)</td>
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</table>

   b. Operating Characteristics

<table>
<thead>
<tr>
<th>Modalities Available</th>
<th>Modalities Which Will be Used</th>
<th>Maximum Energy of Each Modality</th>
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<tr>
<td>(4.)</td>
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</table>

FEES - Particle accelerator medical, nonhospital unit...$450.00 for first unit...$300.00 for each additional unit
### 7. RADIATION SAFETY COMMITTEE
- Names and specialties attached
- Duties as in Appendix A; or (check one)
- Equivalent duties attached

### 8. TRAINING AND EXPERIENCE (see Appendix B)
- Appendix B Form attached for each individual user; and
- Appendix B Form attached for RSO
- Appendix previously submitted

### 9. INSTRUMENTATION
- Appendix C form attached; or
- List by manufacturer and model

### 10. CALIBRATION OF INSTRUMENTS
  a. Survey Instruments (check one)
     - Appendix D form attached
     - Equivalent procedures attached
  b. Other Instruments
     - Calibration procedures attached

### 11. FACILITIES AND EQUIPMENT
- Description and diagram attached

### 12. PERSONNEL TRAINING PROGRAM
- Description of training attached

### 13. OPERATING PROCEDURES
- Procedures attached

### 14. EMERGENCY PROCEDURES
- Procedures attached

### 15. RADIATION SURVEYS
  a. Routine Radiation Survey Program
     - Procedures attached for area surveys
  b. Radiation Protection Survey
     - Detailed information submitted

### 16. CALIBRATION OF PARTICLE ACCELERATOR
- Calibration performed by outside organization; name, address, and registration number attached
- Calibration performed by applicant; detailed procedures attached

### 17. SPOT CHECK MEASUREMENTS
- Copy of written procedures attached

### 18. SPECIAL CONSIDERATIONS FOR PARTICLE ACCELERATOR LICENSES
- Appendix E form attached

### 19. PERSONNEL MONITORING

<table>
<thead>
<tr>
<th>Type</th>
<th>Supplier</th>
<th>Exchange Frequency</th>
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</thead>
<tbody>
<tr>
<td>□ Film</td>
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<td>□ Monthly</td>
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<tr>
<td>□ Other (Specify)</td>
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<td>□ Quarterly</td>
</tr>
<tr>
<td>□ Other (Specify)</td>
<td></td>
<td>□ Other (Specify)</td>
</tr>
</tbody>
</table>
20. CERTIFICATE
(This item must be completed by applicant)

The application and any official executing this certificate on behalf of the applicant named in Item 1. a. certify that this application is prepared in conformity with Section 6 of the Arkansas Rules and Regulations for Control of Sources of Ionizing Radiation and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

a. APPLICANT OR CERTIFYING OFFICIAL (signature)

b. DATE ____________________________

(1) NAME (type or print) ____________________________

(2) TITLE ____________________________