



**ARKANSAS DEPARTMENT OF HEALTH
RADIATION CONTROL SECTION
RADIOACTIVE MATERIALS PROGRAM**

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE

INSTRUCTIONS - Complete Items 1 through 26 as applicable. **Submit information on 8-1/2" by 11" paper where necessary.** Item 26 must be completed on all applications. **Mail two copies to:** Arkansas Department of Health, Radioactive Materials Program, 4815 West Markham, Slot 30, Little Rock, AR 72205-3867. Upon approval of this application, a Radioactive Material License will be issued. The License is subject to the Rules for Control of Sources of Ionizing Radiation.

1. NAME AND MAILING ADDRESS OF APPLICANT (Institution, firm, company, person, etc.) Email _____ Telephone Number _____ Fax Number _____	2. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED, IF DIFFERENT FROM ITEM 1
3. PERSON TO CONTACT REGARDING THIS APPLICATION	4. TELEPHONE NUMBER OF CONTACT PERSON
5. LICENSE FEE ENCLOSED Yes _____ No _____	6. TYPE APPLICATION <input type="checkbox"/> New License <input type="checkbox"/> Renewal-License with changes. (must complete all applications, & remit 2 copies) <input type="checkbox"/> Renewal-License with NO changes. *Go to Section 26 Arkansas License Number _____
7. INDIVIDUAL USERS WHO WILL USE OR DIRECTLY SUPERVISE THE USE OF RADIOACTIVE MATERIAL (Attach a list of Users, providing the Name and Title of each individual.)	
8. TRAINING AND EXPERIENCE OF USERS (Refer to the Licensing Guide, Item 8, for additional information.)	
9. RADIATION SAFETY OFFICER (Refer to the Licensing Guide, Item 9, for additional information.) Name _____	
10. PERSONNEL TRAINING PROGRAM (Refer to the Licensing Guide, Item 10, for additional information.)	
11. RADIOACTIVE MATERIAL (Refer to the Licensing Guide, Item 11, for information.)	
a. Element and Mass Number	b. Chemical and/or Physical Form
c. Maximum Amount to be Possessed at any One Time	
d. Describe Purpose for which Radioactive Materials Listed in Item 11.a. will be Used	
12. LEAK TESTS OF SEALED SOURCES CONTAINING RADIOACTIVE MATERIAL. (Refer to the Licensing Guide, Item 12, for additional information.)	

13. RADIATION DETECTION INSTRUMENTS (Refer to the Licensing Guide, Item 13, for additional information.)				
a. Type of Instruments (Include manufacturer and model number)	b. Number Available	c. Radiation Detected	d. Sensitivity Range (mR/hr)	e. Use (monitoring, surveying, or measuring)
14. RADIATION DETECTION INSTRUMENT CALIBRATION (Refer to the Licensing Guide, Item 14, for additional information.)				
15. PERSONNEL MONITORING PROGRAM (Refer to the Licensing Guide, Item 15, for additional information.)				
16. FACILITIES AND EQUIPMENT (Refer to the Licensing Guide, Item 16, for additional information.)				
17. RADIATION SURVEY PROGRAM (Refer to the Licensing Guide, Item 17, for additional information.)				
18. ORDERING, RECEIVING, AND SHIPPING RADIOACTIVE MATERIAL (Refer to the Licensing Guide, Item 18, for additional information.)				
19. WASTE DISPOSAL (Refer to the Licensing Guide, Item 19, for additional information.)				
20. CONTROL AND SECURITY OF RADIOACTIVE MATERIALS (Refer to the Licensing Guide, Item 20, for additional information.)				
21. TRANSPORTATION OF RADIOACTIVE MATERIALS (Refer to the Licensing Guide, Item 21, for additional information.)				
22. OPERATING PROCEDURES (Refer to the Licensing Guide, Item 22, for additional information.)				
23. EMERGENCY PROCEDURES (Refer to the Licensing Guide, Item 23, for additional information.)				
24. ADMINISTRATIVE PROCEDURES (Refer to the Licensing Guide, Item 24, for additional information.)				
25. MANAGEMENT CONTROL (Refer to the Licensing Guide, Item 25, for additional information.)				
<p>26. CERTIFICATION The applicant and any official executing this certificate on behalf of the applicant named in Item 1, certify that this application has been prepared in accordance with the <u>Rules for Control of Sources of Ionizing Radiation</u>, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.</p> <p>*If you checked "Renewal with NO Changes" in box #6, please only send a copy of this Application with your signature(s). You certify and commit you have NO changes in Ownership or other updated submissions by signing and dating below.</p>				
_____		_____		
Signature of Certifying Official		Date		
_____		_____		
Typed Name and Title of Certifying Official		Date Received by Radioactive Materials Program		