



STATE OF MAINE
APPLICATION FOR A RADIOACTIVE MATERIAL LICENSE FOR
ACADEMIC, RESEARCH & DEVELOPMENT AND OTHER LICENSES
OF LIMITED SCOPE USE

INSTRUCTIONS: *This application complies with the license requirements of Section C of the State of Maine Radiation Protection Rule (SMRPR). Complete items 1 through 12. Supplemental sheets may be needed for items 5 through 11. Mail the completed application to: Radiation Control Program, 11 State House Station, Augusta, Maine, 04333. Telephone: (207) 287-5676. Facsimile: (207) 287-3059. E-Mail: radiation.dhhs@maine.gov*

1. THIS IS AN APPLICATION FOR (check one)

NEW LICENSE	Office Use Only
RENEWAL of license number >	
AMENDMENT of license number >	

2. NAME AND MAILING ADDRESS OF APPLICANT

3. ADDRESS(ES) WHERE MATERIAL WILL BE USED AND/OR STORED.

PHONE:	PHONE

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

NAME:

PHONE:

ADDRESS: (If different from #2.)

E-Mail:

For items 5 through 11, the requested information may be submitted on standard size paper. Answer all items. For any that do not apply, answer by marking the item number with "not applicable" after it. If this is for an amendment to a current license then only those items that are to be added, changed or removed need to be addressed, and items currently in effect on the license may be marked "No Change". NOTE: a Renewal needs to be completely filled out as new commitments are required for the new license.

5. RADIOACTIVE MATERIAL FOR UNSEALED AND/OR SEALED SOURCES and

6. PURPOSE AND USE

Provide the following information; element and mass number for each, chemical and/or physical form, and maximum amount of possession at any one time. NOTES: for potentially volatile materials specify whether the material will be free (volatile) or bound (non-volatile); for sealed sources include manufacturer, model number, and maximum activity of the source. (include calibration date if applicable) and the specific intended uses.

Radioisotope	Form or Manufacturer /Model No.	Maximum Quantity	Purpose of Use
		Ci Bq	
		Ci Bq	
		Ci Bq	
		Ci Bq	
		Ci Bq	

*An **Emergency Plan** must be provided if it is required (C.7.L).*

*If Financial Assurance is required, then **Evidence of Financial Assurance must be provided***

7. INDIVIDUALS RESPONSIBLE FOR RADIATION SAFETY PROGRAM

7.1 Radiation Safety Officer: Include information demonstrating that the RSO is qualified by training and experience. Form HHE851 ARDL or equivalent along with copy of certification included with application.

Name:

Telephone:

Address:

Fax:

E-mail:

	We will ensure that the RSO is authorized to stop unsafe operation; and has sufficient time to perform radiation safety duties and responsibilities.
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7.2 Authorized Users: List the names of all authorized users with the types and quantities of licensed material to be used. Also provide information demonstrating each authorized user is qualified by training and experience to use the requested licensed materials. Complete Form HHE851 for each individual and include any copies of training certification.

	We will ensure that the AU is authorized to stop unsafe operation.
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8. INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS (Occupationally Exposed Individuals and Ancillary Personnel)

8.1 Initial Training: Must be completed before authorized entry into restricted areas.

	Submit a description of the radiation safety training program, including topics covered, groups of workers, assessment of training, qualifications of instructors, and the method and frequency of training.
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8.2 Refresher Training:

	We will provide annual refresher training.
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9. FACILITIES AND EQUIPMENT: Describe your facility where the source will be used and/or stored.

	Submit a description and diagram of facility and storage locations meeting the criteria in NUREG-1556, Vol. 7 for each address listed in item 3.
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10. RADIATION SAFETY PROGRAM: Describe your Radiation Safety Program.

10.1 Audit Program:

	Management will conduct an annual audit of the Radiation Safety Program meeting the criteria in NUREG-1556, Vol. 7 and maintain the records for three years.
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10.2 Radiation Monitoring Instruments:

	Submit a description of the instrumentation that will be used to perform required surveys and we reserve the right to upgrade our survey instruments as necessary.
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	We will use instruments that meet the radiation monitoring instrument specifications published in NUREG-1556, Vol. 7 and additionally each survey meter will be calibrated by the manufacturer or other person authorized by the NRC/AS to perform survey meter calibration.
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	OR We will use instruments that meet the radiation monitoring instrument specifications published in NUREG-1556, Vol. 7, and, additionally, we will implement the model survey instrument calibration program in NUREG-1556, Vol. 7;
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10.3 Material Receipt and Accountability:

	Submit a description of procedures for ensuring material accountability.
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	Physical inventories will be conducted at intervals not to exceed 6 months, to account for all sealed sources and devices received and possessed under the license;
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	OR submit a description of the procedures for ensuring that no sealed sources have been lost, stolen, or misplaced and how often this will be done.
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10.4 Occupational Dose:

	We have done a prospective evaluation and determined that unmonitored individuals are not likely to receive, in 1 year, a radiation dose in excess of 10% of the allowable limits established in SMRPR Part D or we will monitor individuals in accordance with the criteria established in NUREG-1556, Vol. 7;
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	OR submit a description of an alternative method for demonstrating compliance with the referenced regulations.
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10.5 Public Dose:

	We will ensure that licensed material will be used, transported and stored in such a way that members of the public will not receive more than 1 mSv (100 mrem) in one year, and the dose in any unrestricted area will not exceed
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	0.02 mSv (2 mrem) in any one hour, from licensed operations.
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10.6 Safe Use of Radionuclides and Emergency Procedures:

	Submit safe use and emergency procedures.
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10.7 Surveys:

	We will survey our facility and maintain contamination levels in accordance with the survey frequencies and contamination levels published in Appendix M of NUREG-1556, Vol. 7. Leak tests will be performed at intervals approved by the Agency/NRC/AS and specified in the SSD Registration Certificate. Leak tests will be performed by an organization authorized by Agency/NRC/AS to provide leak testing services to other licensees or using a leak test kit supplied by an organization authorized by Agency/NRC/AS to provide leak test kits to other licensees and according to the sealed source or plated foil manufacturer's (distributor's) and kit supplier's instructions;
	OR We will survey our facility and maintain contamination levels in accordance with the survey frequencies and contamination levels published in Appendix M of NUREG-1556, Vol. 7 and we will implement the model leak test program published in Appendix N to NUREG-1556, Vol. 7;
	OR Submit a description of alternative equipment and/or procedures to evaluate a radiological hazard and for determining whether there is radioactive leakage from sealed sources or plated foil.

10.8 Transportation:

	We will develop, implement, and maintain safety programs for transport of radioactive material to ensure compliance with Agency/NRC/AS and DOT regulations.
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11. LABORATORY ANIMAL AND VETERINARY MEDICINE USES:

	We will use the model Laboratory Animal and Veterinary Medicine Uses procedures published in Appendix D to NUREG-1556, Vol. 7 Rev. 1;
	OR This article is Not Applicable

12. WASTE MANAGEMENT:

	We will use the model waste procedures published in Appendix P to NUREG-1556, Vol. 7;
	OR We will use the <i>Decay-In-Storage</i> model waste procedures published in Appendix P to NUREG-1556, Vol. 7;
	OR We will use the <i>Disposal of Liquids Into Sanitary Sewerage</i> model waste procedures published in Appendix P to NUREG-1556, Vol. 7.

13. CERTIFICATION: The applicant and any official executing this certificate on behalf of the applicant named in item 2, certify that this application is prepared in conformity with the State of Maine Radiation Protection Rule and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

DATE:

SIGNATURE OF APPLICANT:

TITLE:

TYPED/PRINTED NAME: