



STATE OF TENNESSEE  
DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF RADIOLOGICAL HEALTH  
WILLIAM R. SNODGRASS TENNESSEE TOWER  
312 ROSA L. PARKS AVENUE, 15<sup>th</sup> FLOOR  
NASHVILLE, TN 37243

**APPLICATION FOR RADIOACTIVE MATERIAL LICENSE**

INSTRUCTIONS: Complete each item, 1 through 16, using supplemental sheets as necessary. Mail two (2) copies to: Tennessee Department of Environment and Conservation, Division of Radiological Health, William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Avenue, 15<sup>th</sup> Floor, Nashville, TN 37243. Persons receiving a license are subject to all applicable provisions of "State Regulations for Protection Against Radiation."

1. (a) NAME and MAILING ADDRESS OF APPLICANT (Institution, firm, hospital, persons, etc.)  County:	(b) STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (if different from (a))
2. DEPARTMENT TO USE RADIOACTIVE MATERIAL	3. PREVIOUS LICENSE NUMBER(S): (If this is an application for renewal of a license, please indicate and give number.)
4. INDIVIDUAL USER(S) (Name and title of individuals who will use or directly supervise use of radioactive material. Give training and experience in Items 8 and 9.)	5. RADIATION PROTECTION OFFICER (Name of person designated as radiation protection officer, if other than individual user. Attach resume of individual's training and experience, as in Items 8 and 9.)
6. (a) RADIOACTIVE MATERIAL (Elements and mass number of each)	(b) CHEMICAL AND/OR PHYSICAL FORM AND MAXIMUM NUMBER OF MILLICURIES OF EACH CHEMICAL AND/OR PHYSICAL FORM THAT YOU WILL POSSESS AT ANY ONE TIME. (If sealed source(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 in the form of a sealed source, include the make and model number of the storage container and/or device in which the source will be stored and/or used.)	

(Continued on reverse side)

**TRAINING AND EXPERIENCE OF EACH INDIVIDUAL NAMED IN ITEMS 4 AND 5 (Use supplemental sheets if necessary)**

8. TYPE OF TRAINING	WHERE TRAINED	DURATION OF TRAINING	ON THE JOB (Circle answer)	FORMAL COURSE (Circle answer)
a. Principles and practices of radiation protection			Yes No	Yes No
b. Radioactivity measurement standardization and monitoring techniques and instruments			Yes No	Yes No
c. Mathematics and calculations basic to the use and measurement of radioactivity			Yes No	Yes No
d. Biological effects of radiation			Yes No	Yes No

9. EXPERIENCE WITH RADIATION (Actual use of radioisotopes or equivalent experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

10. RADIATION DETECTION INSTRUMENTS (Use supplemental sheets if necessary)

TYPE OF INSTRUMENTS (Include make and model number of each)	NUMBER AVAILABLE	RADIATION DETECTED	SENSITIVITY RANGE (mr/hr)	WINDOW THICKNESS (mg/cm <sup>2</sup> )	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)

**INFORMATION TO BE SUBMITTED ON ADDITIONAL SHEETS**

13. **FACILITIES AND EQUIPMENT.** Describe laboratory facilities and remote handling equipment, storage containers, shielding, fume hoods, etc. Explanatory sketch of facility is attached. (circle answer) Yes No

14. **RADIATION PROTECTION PROGRAM.** 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.

15. **WASTE DISPOSAL.** If a 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.

**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 Tennessee "State Regulations for Protection Against Radiation," and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

\_\_\_\_\_  
Applicant named in Item 1

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of certifying official

\_\_\_\_\_  
Typed/printed name and title of certifying official